

CHILDREN'S VOICES, CHILDREN'S RIGHTS: ONE YEAR AFTER THE NEPAL EARTHQUAKE



Owen Raggett / Plan International





On 28 May 2015, a month after the earthquake, Sabita started getting labour pains in the afternoon. She gave birth to a baby girl at 9.25pm that evening at an emergency health camp run by Save the Children.

Acknowledgements

This report was written in April 2016 by Virgil Fievet, Kanta Singh and Anthony Davis, with Maxence Delchambre, on behalf of Plan International, Save the Children, Terre des hommes, UNICEF and World Vision International.

Acknowledgements:

The tools, data collection and analysis, assessment and training was designed and managed by Virgil Fievet and Nir Dahal, with support from Kalyan Lama and Dev Ale (Save the Children), and Sanjog Thakuri (Yuwalaya). The project coordination was managed by Anthony Davis (Save the Children), in close partnership with focal points in the partner agencies: Pushkar Khatri and Sandesh Silpakar (Plan International Nepal); Maxence Delchambre (Terre des hommes), Sunil Hakaju Shrestha and Pratistha Koirala (World Vision International Nepal), Anjali Pradhan and Indira Koirala (UNICEF).

Particular thanks are due to all of the facilitators and documenters who worked so hard during the data collection, wonderfully supported by staff and partners working in the districts. Additional thanks to Changa Foundation for their support in organising the training and validation workshops. We would also like to thank all of the technical assistance and feedback provided by staff and colleagues from our partner organisations. We also express our thanks to Shanta Karki for her help in facilitating the project, and Nathan Pott and Myriam Heuertz and Rupa Joshi (UNICEF) for their constructive comments on analyses.

Finally, and most importantly, we would like to give particular thanks to the 680 children and 36 adults that participated in the study.

Table of Contents

List of acronyms	D
A. Executive Summary	1
Key recommendations.....	3
B. Introduction.....	4
C. Methodology.....	6
1. Focus Group Discussions with children.....	6
2. Key Informant Interviews	7
D. Findings on children's rights and needs	8
1. Shelter.....	8
2. Education	11
3. Health care and hygiene	17
4. Water and Sanitation	21
5. Food security and livelihoods.....	23
6. Child protection	25
7. Disaster preparedness	30
E. Conclusion and Recommendations.....	31
F. Annexes	34
Annex 1: Methodology.....	34
Assessment methodology.....	34
Assessment tools and analysis	35
Using a network analysis to understand children's main concerns on protection	37
Strengths and Limitations.....	38
Annex 2: Questionnaire	39

List of Acronyms

ADB	Asian Development Bank
CCWB	Central Child Welfare Board
DDC	District Development Committee
DUDBC	Department of Urban Development and Building Construction
DoE	Department of Education
DEO	District Education Office
DHO	District Health Office
DWSD	District Water and Sanitation Division
DWASH CC	District Water and Sanitation Coordination Committee
DFID	Department for International Development
DCWB	District Child Welfare Board
EU	European Union
EQ	Earthquake
FGD	Focus Group Discussion
GoN	Government of Nepal
I/NGO	International Non-Governmental Organization
ITS	Informal Tent Settlement
JICA	Japan International Cooperation Agency
KII	Key Informant Interview
MoFALD	Ministry of Federal Affairs and Local Development
MoHP	Ministry of Health and Population
MoH	Ministry of Health
MDG	Millennium Development Goal
NHRC	National Human Rights Commission
NRA	National Reconstruction Authority
NRS	Nepalese Rupees
NGO	Non – Governmental Organisation
PDNA	Post Disaster Needs Assessment
PIU	Programme Implementation Unit
SMC	School Management Committee
TLC	Temporary Learning Centre
ToT	Training of Trainers
UNICEF	United Nations Children's Fund
VDC	Village Development Committee
VWASH CC	Village Water and Sanitation Coordination Committee
WDO	Women Development Office
WHO	World Health Organization

A. Executive Summary

Over one million children are estimated to have been affected by the earthquakes in Nepal on 25 April and 12 May 2015, which resulted in massive destruction and the death of around 8,959 people. Children, who represent 40 per cent of the population, suffered trauma and loss.

This report is based on consultations with 680 children in five of the most severely affected 14 districts, and interviews with 36 officials at central and district levels. It has the primary objective of assessing the progress made in addressing the main concerns and recommendations that children made one month after the disaster, presented in the report, *After the Earthquake: Nepal's Children Speak Out*. It also highlights the ongoing and/or new challenges that children are facing, as well as their priorities for the recovery.¹

The consultations highlight the high rate of penetration of the Nepal earthquakes response (97.5 per cent of consulted children acknowledged to have benefitted from relief assistance), likely due to the 'blanket approach' adopted by the government and the humanitarian community. Despite this breadth of assistance, the overall activities for recovery and reconstruction need to be substantially accelerated. Pledges made at the June 2015 donor conference have not been fully utilised. Restrictions in movement of materials and supplies following protests against provisions contained within the newly promulgated constitution compounded this.

The report finds that, while some progress has been made (such as access to water and sanitation in the community), children still reported the following issues:

- Not being consulted on their views by decision makers and humanitarian responders (76 per cent of children)
- Living in temporary shelter and/or damaged houses² (33 per cent of children)
- Studying in unsafe environments (30 per cent of children)
- Reductions in the number of meals regularly consumed since the earthquake (17 per cent of children)
- Studying in schools that lack access to toilets (57 per cent of children)
- Challenges in accessing medicines (30 per cent)
- Increased frequency of diarrhoea (27 per cent)
- Increased respiratory problems than before the earthquake (32 per cent)
- Overreaction to loud noises (50 per cent)
- Trouble sleeping for fear of another earthquake (23 per cent)

These findings highlight the immediate and long-term impact of the disaster on children's protection, well-being, and development. Damage and destruction of homes has resulted in many children living in cramped conditions that lack adequate space and privacy. Over 50 per cent of children share their beds with family members, and 27 per cent of children reported being uncomfortable in these conditions. This could have repercussions on children's health, development and protection. For example, the lack of space at home was often mentioned in discussions to justify the lack of confidence children have about successfully passing their exams. The lack of privacy particularly impacts women and girls, especially during menstruation.

1 The consultations took place in three similar areas per district, selected for their contrasts: one semi-urban / urban (e.g. District or Municipality headquarters), one remote (inaccessible by vehicle) and one rural but accessible Village Development Committee (VDC). At least one of the VDCs in each district was the same as in the previous consultation, ensuring greater comparability between the studies. In each area two groups of children of different age groups (8-12 and 13-18 years old) disaggregated by sex were interviewed, using a mixed methodology of direct questioning, as well as child-friendly tools such as body mapping and visioning exercises and asked either direct questions, or in group.

2 We asked children to describe the state of their shelter against a pre-defined list, in order to measure children's knowledge or perception of the shelter. The description of their housing is expected to differ from a structural assessment. However, these findings roughly correspond to the November 2015 estimate by the shelter cluster (Shelter Cluster, Nepal Earthquake Recovery Monitoring Assessment: Nepal 25 April/12 May Earthquakes Response, November 2015)

Following the construction of 3,576 Temporary Learning Centres (TLCs), nearly all children that we spoke with have returned back to school, although they attend less frequently now than before the earthquake. Of serious concern, however, is the high proportion of children that reported studying in unsafe environments, particularly in remote and rural areas.

This poses a serious threat to children's safety, as well as to their confidence. Children studying in safe schools feel much more confident about passing their examinations than children studying in temporary, damaged or partly damaged learning environments. Older girls have far lower confidence in succeeding at school, compared with younger girls and boys of all ages. The earthquakes have also led to an increased labour burden on both girls and boys. These additional responsibilities, including fetching water, manual labour and household chores, are placing stress on their ability to attend school as regularly as before the earthquake.

This situation has led to the emergence of new challenges. Whereas prior to the earthquake, quality education focused on teachers' capacities, curriculum and schools materials, now there is an additional need to accelerate the construction of transitional as well as permanent, earthquake-resistant, schools and ensuring a safe and supportive learning environment for all girls and boys.

In addition, children's ability to concentrate in school might be hampered by health and food security risks, as well as access to water, sanitation and hygiene (WASH) facilities in school. The lack of access to adequate WASH facilities constitutes a major barrier to effective enrolment at school, especially for girls when they start to menstruate.

Access to health follows the same pattern. The destruction of health posts, as well as the shortage of medicines as a result of disruption of essential supplies due to border restrictions over the winter, has hampered the quality and effectiveness of health services. Children reported more health problems after the earthquake, while the psychosocial impact on the earthquakes remains prominent. Children expressed general feelings of insecurity, fear and anxiety, with a high number raising concerns related to child labour, trafficking and abuse. Children's priorities for child protection were to have a police post in every village, to be free from abuse, and to be treated equally in school, which were exactly the same as in the previous consultation.

In order to support a safer and resilient recovery and reconstruction - which needs to be accelerated - significant investment in capacity building and system strengthening is needed. Long-term funding is required to facilitate safer rehabilitation and rebuilding of damaged and destroyed schools, water and sanitation facilities, and health posts. Concerted efforts are needed to strengthen the comparatively weak child protection system, which is not prepared to protect children in future disasters. All of this necessitates a much greater focus on policy implementation, monitoring and accountability. The latter must meaningfully engage children, including children and their families of traditionally marginalised and excluded communities.

The full report provides detailed results of the consultations with children, as well as interviews with key stakeholders at the national, district and VDC levels. It highlights children's key concerns and priorities for the recovery. We could not do justice to all of these views in the executive summary, as they are many. However, based on the feedback from the children that were consulted, as well as our own experience as child rights organisation working in Nepal, we are making the following key recommendations that should be considered during the recovery and reconstruction process:

Key Recommendations

- **The pace of reconstruction needs to be urgently accelerated** so that vulnerable households are able to have adequate shelter, education and healthcare facilities, with a focus on 'building back better' and strengthening resilience. It should be ensured that aid delivery is prioritised based on the levels of vulnerability and needs of the affected children and their families in line with humanitarian principles. Assistance needs to be provided in a neutral, impartial and independent manner in order to ensure the most vulnerable groups are assisted as a matter of priority.
- **Disaster risk reduction efforts should be integrated into all recovery and reconstruction programs** to build greater resilience to shocks, stresses and future crises. Child-sensitive and socially inclusive district-level disaster preparedness plans must be developed through an inclusive and participatory process, with a focus on ensuring the safety and resilience of families and communities, and ensuring that they are better prepared to cope with disasters. It should ensure that opportunities are used during the recovery phase to develop capacities that reduce disaster risk in the short, medium and long term. This could include through the development of measures such as land use planning, structural standards improvement and the sharing of expertise, knowledge, post-disaster reviews and lessons learned. This should also apply to temporary settlements for any affected communities displaced by the earthquake.
- **Children should be seen as agents of change who have clear priorities for recovery, and their views should be taken into account.** The findings of this report, as well as other consultations undertaken with children by district and local officials, should inform national and local level planning. In addition, the NRA and government line ministries should develop and/or strengthen mechanisms for seeking and acting upon input from children, women, children and vulnerable groups throughout the reconstruction process.
- **The reconstruction of permanent houses cannot wait.** In the meantime, it is imperative that families are supported to upgrade their temporary shelters to ensure that they offer an adequate, comfortable and safe space that protects children and their families from the heavy wind and rain of the coming monsoon season. Additional efforts are needed to **identify vulnerable and deprived households** (e.g. those without proper legal documents, including landless people) and individuals that are unable to self-recover **and provide targeted assistance to construct permanent shelters**. Attention should be paid to ensure that all shelter is accessible to people living with disabilities.
- **Reconstructing and retrofitting earthquake resistant schools should be an urgent priority.** The government and donors should promote a coordinated, **standardised national approach to school safety** and adopt and implement the internationally agreed Comprehensive School Safety Framework that addresses safe school facilities, school disaster management and risk reduction and resilience in education. In the meantime, efforts should be increased to improve the quality of temporary learning centres (TLCs). At a minimum, this will mean ensuring that all TLCs provide access to clean water, handwashing facilities, and have separate toilets for girls and boys. **No child should be in a classroom before it is declared completely safe** by government appointed experts.
- Significant investment needs to be made in **strengthening the health system**, including re-building health facilities, investing in health workers, and increasing the number of health and nutrition services that are available, accessible and suitable for children and adolescent girls. Support reconstruction and the "building back better" of health facilities, as well as cold-chain infrastructure and ensure plans are in place and adequately funded to **integrate psycho-social and mental health services into primary health care** level.
- It must be ensured that girls and boys are protected from violence, abuse, exploitation and neglect by **strengthening child protection mechanisms and mainstreaming child protection and child safeguarding within all recovery and reconstruction programmes**. In particular, the national child protection system and local child protection mechanisms and structures should be prepared to respond in future emergencies and have increased awareness and capacity on psycho-social support, with adequate resources attached.

B. Introduction

Over one million children are estimated to have been affected by the earthquakes in Nepal on 25 April and 12 May 2015, which resulted in massive destruction and the death of around 8,959 people. Children, who represent 40 per cent of the population, suffered huge trauma and loss.

In May and June 2015, Plan International, Save the Children, UNICEF and World Vision, in collaboration with the Ministry of Federal Affairs and Local Development (MoFALD) and the Central Child Welfare Board (CCWB), conducted a consultation with over 1,800 children across 14 districts that were most severely-affected by the earthquakes. The purpose of the study was to understand children's immediate needs, as well as their recommendations for the response.

The findings, presented in the report – *After the Earthquake: Nepal's Children Speak Out* – showed that children's top priorities at that time were for adequate shelter, to be able to return to school and to have access to safe water supplies, sanitation and health care. The consultations also revealed high levels of distress and anxiety among children as a result of deaths of families and friends, destruction of homes and communities and uncertainty about their futures, as well as fear for their security and protection. In addition, children also wanted to participate in or be consulted on the issues that affect their lives.

This follow up report, based on additional consultation with 680 girls and boys and key informant interviews with duty bearers, assesses the progress made in addressing these priorities. An immediate and large-scale response has resulted in significant progress. Nearly all children (97.5 per cent) reported receiving humanitarian assistance from different sources. As a mean, children reported to have received help from 2.38 different sources, including government authorities, INGOs, NGOs and community members. The most common sources for receiving help were INGOs and NGOs, closely followed by the government (Figure 1).

Children reported receiving a range of support, including food and non-food items such as cash, support for winter (blanket, jackets), shelter and other materials (including tarpaulin, corrugated iron sheets) and school items (uniforms, books, bags).

However, it also highlights the slow pace of the recovery in many areas, with reconstruction efforts particularly slow. Many children highlighted additional un-met needs including playing materials, electricity supply, and utensils both for cooking and storing drinking water. Disparities were noticeable when disaggregated by location. For example, children from remote areas were much less likely to receive support in terms of shelter and support for winter than those children living in rural and urban areas (Figure 4).

Furthermore, this study highlights concerns over the extent to which children's voices and needs have been fully taken into account by different actors. Around 95 per cent of children said they want to be consulted, either through child-clubs, at school, through their parents, or directly through organisations, and participate in discussions and decision-making processes at the community level. Despite this, the majority of children that we spoke to have not been meaningfully consulted in the relief and early recovery phases:

- 76 per cent stated that they have not been asked about their needs;
- 70 per cent reported their voice has not been listened to by decision makers, and;
- 61 per cent considered their concerns were not responded to in the recovery period.

This report, presented through a thematic lens, shows that while progress has been made in addressing children’s needs, there is a long way to go. This study will provide a solid evidence-base to support a more effective child-sensitive and impartial recovery and reconstruction, with a focus on resilience and Disaster Risk Reduction. All agencies are committed to ensuring that the reconstruction process is founded on meaningful engagement of children and marginalised communities and strengthened accountability at the local and national levels for the implementation of its recommendations.

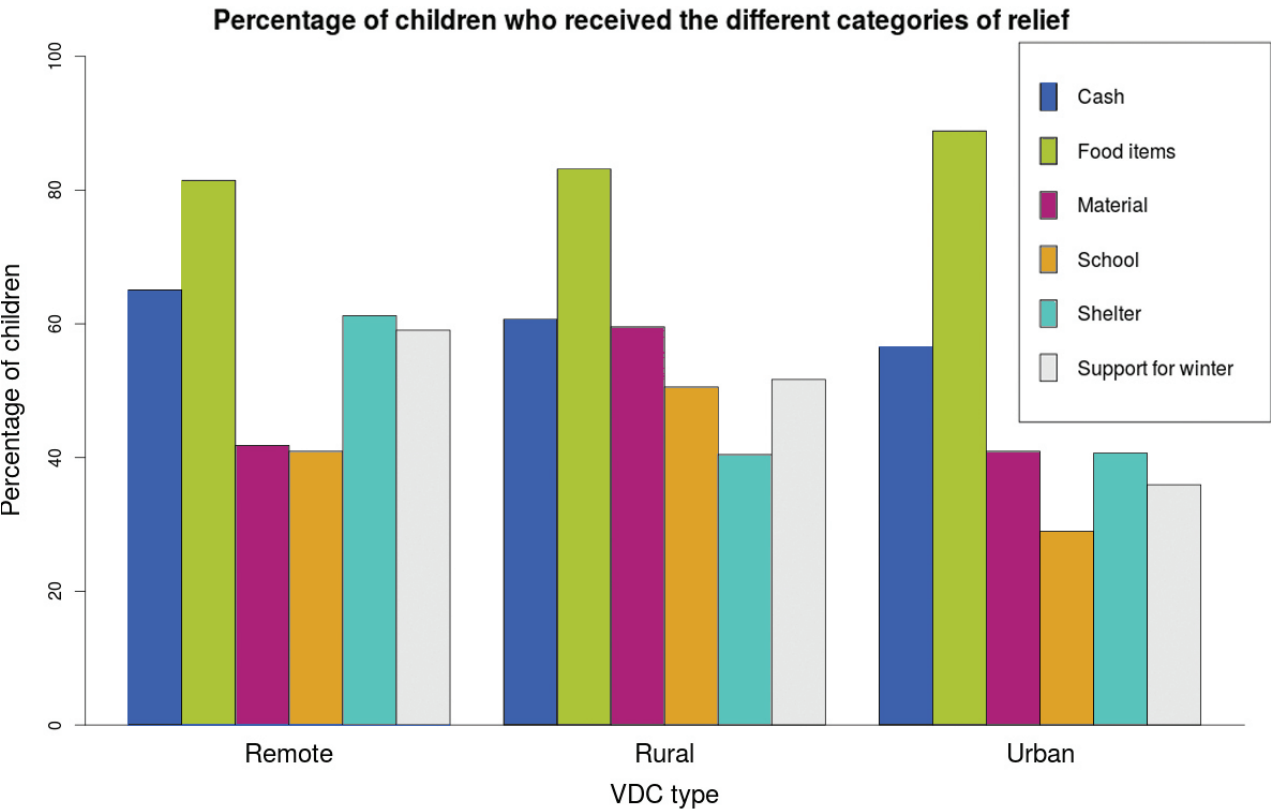


Figure 1: Proportion of relief children received: breakdown by areas

C. Methodology

Children and duty bearers were separately consulted to understand the children's needs and their perception a year on from the earthquake. Focus Group Discussions (FDGs) and key informant interviews were conducted in five severely earthquake-affected districts: Dolakha, Kavre, Gorkha, Rasuwa, and Sindhupalchowk. These districts were selected based on multiple criteria, including location, with care to ensure comparability with the previous consultation. During the research, 335 boys and 345 girls were consulted in FDGs. A validation event, where the key findings were discussed with the children, was also held in Kathmandu with ten children who participated in the consultations, one boy and one girl from each district. Key informant interviews were conducted with 22 officials (four female and 18 male) at the district level, and 14 (four female and ten male) interviews were conducted with representatives at the national level. In total, 716 people were consulted as part of this research.

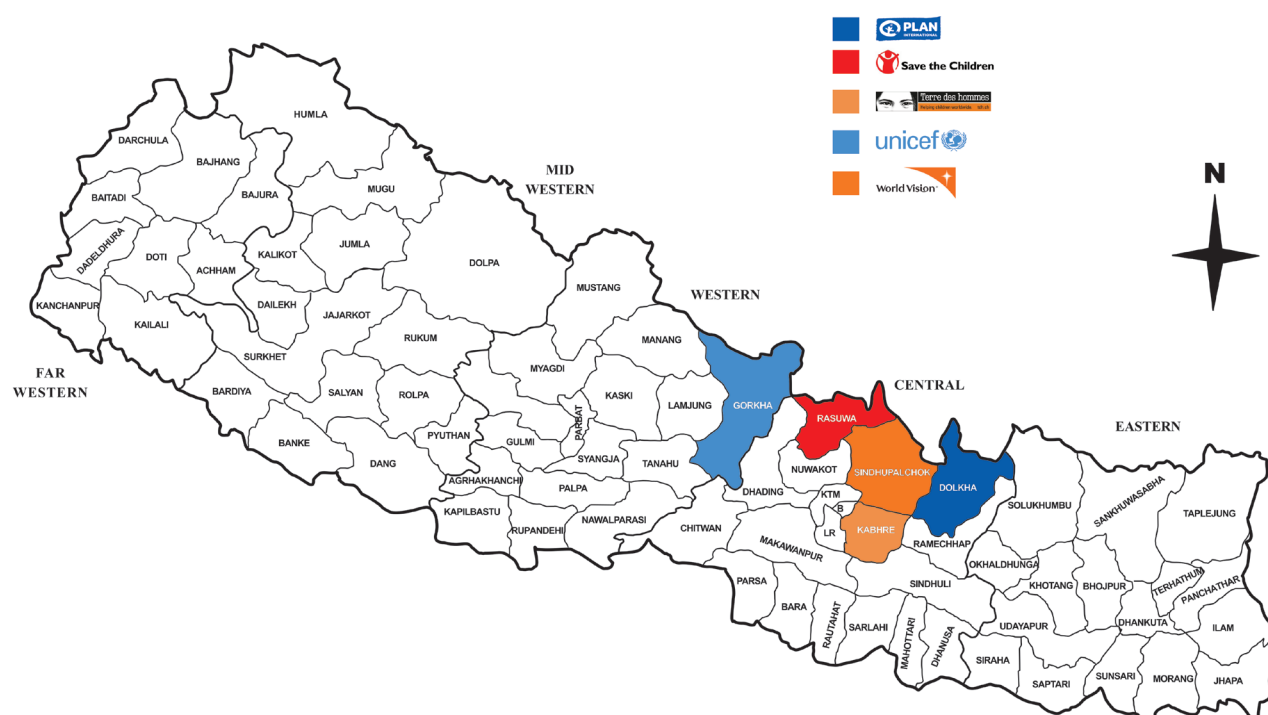


Figure 2: Selected districts for the children's consultation by each partner agency

Focus Group Discussions with Children

A total of 60 FDGs with children were carried out between 5 and 11 March 2016. Girls and boys, grouped according to age (8-12 and 13-18 years), were consulted in sex- and age-separated groups. The number of children in each FDG ranged between seven and 16, with a mean number of participants of 11.3 children. The caste and ethnic composition of the 680 children participating in the study is described in Figure 5. The FDGs used the following tools and techniques: direct questioning; group discussions; body mapping, and visioning (See Annexe 1).

FDGs were conducted by at least eight trained facilitators and enumerators in each district, many of whom had also been involved in the previous consultation. They were supported by district and

Kathmandu-based staff of each of the partner agencies. Purposive sampling was used to ensure representation of children according to the socio-economic status and the ethnic and caste composition of the VDC. As a result, the caste and ethnic composition of the 680 children participating in the study was presented in Figure 5.

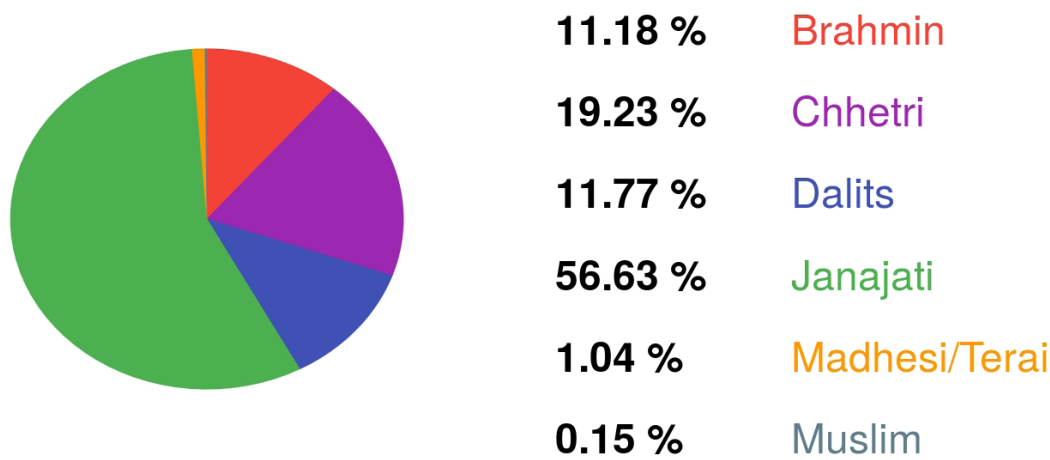


Figure 3: Proportion of each caste/ethnicity group of children in the sample

Key Informant Interviews

A questionnaire was developed for national-level Key Informant Interviews (KII) focusing on policy makers, donors, and other humanitarian actors (see Annex 2). A separate questionnaire was developed for district-based key informants, where our intention was to discuss successes and challenges with decision makers and duty bearers at the implementation level. Both questionnaires favoured open-ended questions in order to understand as far as possible the perception of the interviewee.



Children expressing their views through body mapping process during children consultation in Gorkha

For a detailed overview of the methodology, including the assessment tools and analysis techniques, as well as its strength and limitation, please see Annex 1.

D. Findings on Children's Rights and Needs

SHELTER

Context

According to the Post-Disaster Needs Assessment (PDNA),³ nearly 500,000 houses were destroyed and more than 250,000 houses were partially damaged by the devastating twin earthquakes of April and May 2015. Women, single women, female headed households, the elderly and people living with disability face difficulties in reconstruction of their houses due to poverty and limited resources. Many families have fallen into debt to finance the construction of their temporary shelters, with no finances available to support the construction of more permanent structures. This will impact on the poorest households the most. In addition, limitations on available technical and human resources could hamper shelter efforts.

While statistics related to the number of people currently living in temporary shelters is not yet available, a November 2015 estimate by the shelter cluster put the figure at around 43 per cent.⁴ Many families are still living in temporary shelters made of tarpaulins, makeshift tents or from salvage materials and CGI sheets, and many others are living at risk in their damaged homes. These temporary solutions, which often lack space and basic necessities, are not sufficient for the severe weather that monsoon months (June-August) bring, nor do they provide adequate protection for the winter months that follow. As a result, interviews with duty bearers clearly indicated that shelter is still the most pressing need for children.

Findings from the children's consultation

In the previous consultation, shelter and the loss of homes had been the major concern for children of all age groups and from all districts. Children had reported feeling uncomfortable and insecure living in crowded spaces with limited privacy. A year after the earthquake, children have responded with the same concerns, and a large number of families are still living in temporary shelters.

In this study, children's self-reporting showed that about a third are living in camps and damaged houses (Table 1), which roughly corresponds to the November 2015 estimate by the shelter cluster.⁵ The proportion of children living in each of the different shelter categories is similar across remote, rural and urban VDCs. However, children occupied more damaged houses in rural areas than elsewhere.

	Remote	Rural	Urban
Camp & Informal Tent Settlement	21.1	17.0	22.6
Damaged house	15.5	21.6	14.0
Not damaged house	63.4	61.4	63.4

Table 1: Percentage of children living in camp, damaged or undamaged house according to location type

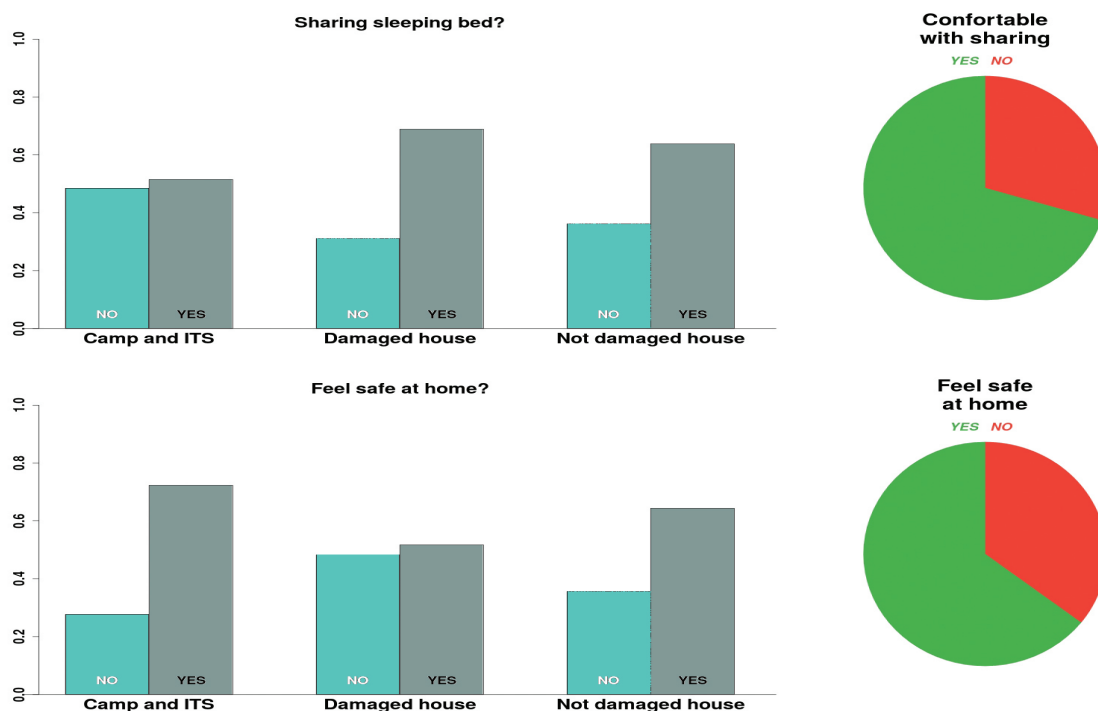
The main concerns raised by children related to the levels of safety and comfort. Children reported that they lived with, on average, five other people, regardless of shelter type. Between 50 per cent and 60 per cent of children participating in the study share their bedding with other family members and 27 per cent of children complained of being uncomfortable at night (see Figure 6). This picture is the same for boys and girls, regardless of their age, caste or ethnicity.

³ National Planning Commission, Government of Nepal, Nepal Earthquake 2015: Post-Disaster Needs Assessment, 2015

⁴ Shelter Cluster, Nepal Earthquake Recovery Monitoring Assessment: Nepal 25 April/12 May Earthquakes Response, November 2015.

⁵ We asked children to describe the state of their shelter against a pre-defined list, in order to measure children's knowledge or perception of shelter. The description of their housing is expected to differ from a structural assessment.

Children expressed diverse reasons for not feeling comfortable sharing beds with family members, including lack of space, sharing blankets/quilts, snoring and the smell of cigarettes and alcohol.



"I don't feel comfortable sharing my bed because our bed is very small and it feels congested. I don't get much space to stretch around freely."

(Girl 8-12, Dhunche, Rasuwa)

"Blankets are not sufficient in my family. I share one small blanket with my younger brother. In winter, just a single blanket hardly keeps me warm and I try to cover my brother with most of the blanket because he is small and I don't want him to get ill because of cold."

(Girl 8-12, Dhunche, Rasuwa)

"It smells of alcohol while sleeping with father."

(Boy 8-12, Gaikhor, Gorkha)

Not all children reported challenges, with a few expressing positive feelings. For example, some children reported feeling safer while sharing beds:

"I feel safe because we stay in make do tents."

(Girl 8-12, Sangachok, Sindhupalchowk)

On the whole however, it was clear from the consultation that living conditions have given rise to heightened stress, discomfort, and health problems among many children. Temporary shelters are often exposed to wind, cold and rain during winter and monsoon, and children continue to highlight their fears of landslides, rain and storms, thieves, wild animals, sleeping outside and of sickness. These concerns mirror many of those expressed during the previous consultation.

"The doors and windows of our temporary house are not strong. Locks can easily break down and I am scared of being abused or raped because I have heard news of this kind through radio."

(Girl 13-18, Gatlang, Rasuwa)

"I cannot sleep because the cold makes my head ache."

(Girl 13-18, Bhotechaur, Sindhupalchowk)

Children's priorities for recovery

In the previous consultation, children's most pressing need had been the rebuilding or retrofitting of earthquake-resistant homes, with open space and gardens (80 per cent of the FGD). This is still a major concern in children; more than 80 per cent expressed this recommendation.

Priorities as identified by children on shelter:	Percentage of children
We want earthquake-protected houses with open space and gardens	80
We want roads to connect villages to cities	51
We want a beautiful village in the community	50
We want everyone to have access to drinking water, roads, and electricity	48
We want to live in a new house and not in a temporary shelter	20

In general, children's desires remain unchanged; to be protected at home remains in their top priority. However desires for safe roads, roads to connect cities and remote places, planned cities and infrastructure, water supply and the desire for 'a beautiful village' now emerge more frequently.

Conclusions

Children living in temporary shelters are more likely to have reduced space and a lack of a comfortable environment. Such conditions have hampered children's ability to study at home, reduced privacy levels, and can expose girls and boys to greater risk of abuse and exploitation. Cramped living conditions could have serious repercussions on children's health, development and protection.

The lack of space and privacy at home was often mentioned in discussions to justify the lack of confidence children have about successfully passing their exams (see the next section on Education). The lack of privacy particularly impacts women and girls, especially during menstruation. Furthermore, a number of cases as serious as sexual exploitation of young girls by family members, relatives and neighbours have been reported by authorities.⁶ Now that the emergency relief phase is over, efforts should focus on improving living conditions by upgrading temporary shelters, providing targeted assistance to support poor and marginalised households to reconstruct their permanent shelters, and investing in technical and human resources for safe and resilient reconstruction at the local level.



A child from Sindhupalchowk eagerly expressing his thoughts during children consultation.

⁶ Interviews with representatives from MoWCSW, CCWB and NHRC

EDUCATION

Context

Education services were severely disrupted as the earthquakes impacted on school enrolment, attendance and school drop-out (DoE). According to the PDNA, 80 per cent of damages in the education sector occurred in the 14 most-affected districts. In total, 25,134 classrooms were fully destroyed and another 22,097 were partially damaged.

The twin earthquakes could undermine some of the progress made in the education sector in Nepal over the past two decades, such as achieving primary school enrolment rates of over 96 per cent. The significant impact on infrastructure and learning environments is likely to have exacerbated existing challenges related to the poor quality of education, which has led to a 'learning crisis' in Nepal. District-level stakeholders report that children (especially girls) are not able to regularly attend classes or had to drop out of school because of this.

Education had emerged as the second highest priority for children in the previous consultation. Children had been eager to go back to school and they had recommended that education should resume in tents or other temporary shelters during the reconstruction of damaged or destroyed schools and classrooms. Children had also been worried about the loss of school uniforms, bags, exercise books, and other school materials in the rubble of their houses. Since the earthquakes, 3,567 Temporary Learning Centres (TLCs) have been established in the 14 most affected districts.

Findings from the children's consultation

A year on from the earthquakes, the majority of children that we spoke with are now back in school⁷ with only 0.78 per cent of those attending school before the earthquake not attending school any more. The average frequency with which children attend school however, dropped from 5.89 days per week to 5.78 days per week over a year.⁸ This decline is statistically significant, although it affects only 5 per cent of the children interviewed. Declines in school attendance were roughly the same in all VDCs and across caste/ethnic groups. Notably however, it was boys that significantly reduced their school attendance compared to girls, as many boys were required to support their family to earn money. Many young boys were compelled to work as porters to supplement their family income. This tendency is the same irrespective of age group (Figure 7).

“After the earthquake, one man from my village took his son to work as a gate keeper in the school and now the boy is not studying as he is working. The man says he is too poor after the earthquake and cannot support his son to go to school. He needs his son to work so that there is some money coming into the house.”

(Boy 15, Sangachok, Sindhupalchowk)

⁷ This could be the result of most FDGs being conducted in schools

⁸ The school-week in Nepal is from Sunday to Friday

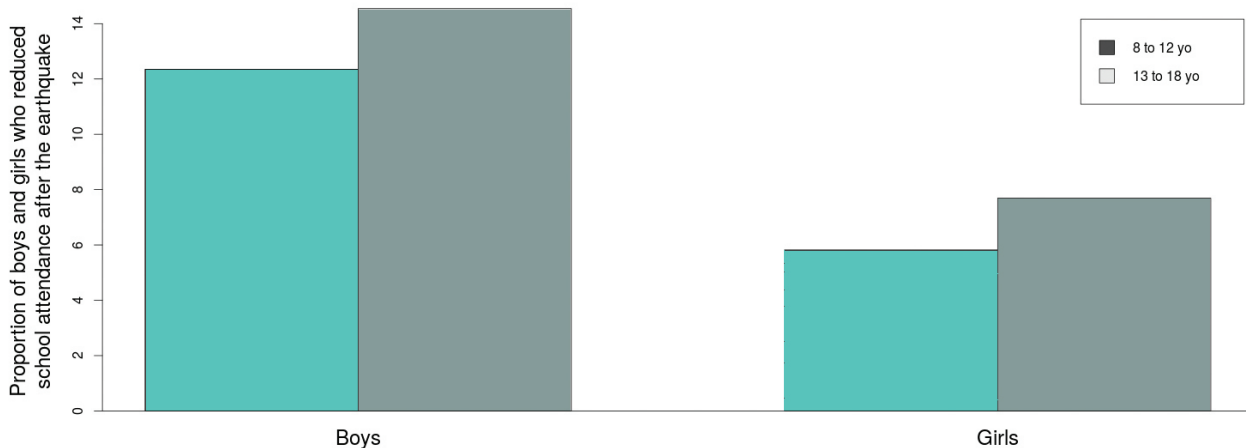


Figure 4: Proportion of boys' and girls' reduced school attendance after the earthquake

“Before the earthquake I used to live in Kathmandu -in my maternal uncle's house - and used to study in Baal Kumari School in class 4. After the earthquake, I came back to Rasuwa to look after my parents and to look after my house, because the earthquake had destroyed it. My parents refused to leave me in my maternal uncle's house. So I left my studies. I don't go to school now. I think in the next academic session, I will continue my studies. I am not sure.”
(Boy 8-12, Dhunche, Rasuwa)

Although children have returned to school, they face serious challenges learning in schools that have been declared unsafe by the government. On average, 30 per cent of children study in unsafe schools, particularly in remote and rural areas.⁹ This figure is higher than the 23 per cent of children who report studying in schools considered structurally sound and safe (Figure 8).

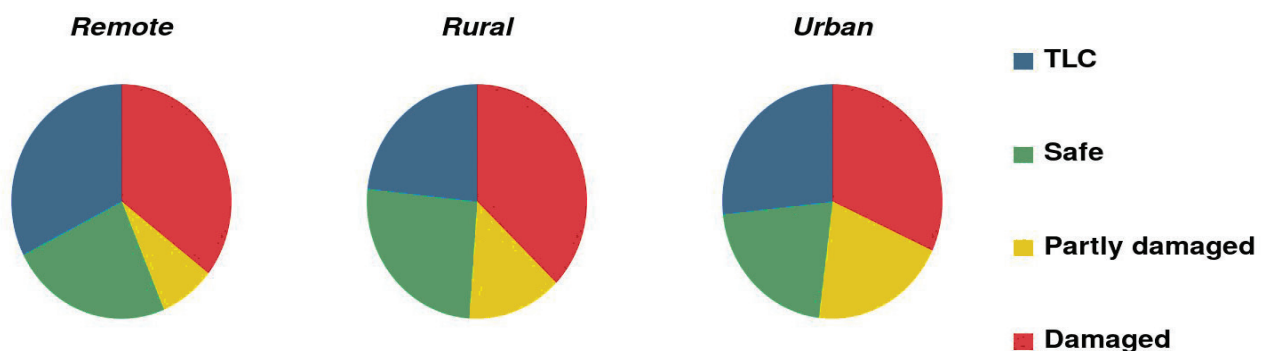


Figure 5: Proportion of children studying in damaged schools and unsafe schools (red), partly damaged schools (yellow), safe schools (green) and Temporary Learning Centre (blue) according to Village Development Committees assessed

While the likelihood of feeling confident towards the success of the examination stood at just over 80 per cent on average for boys and girls, this varies according to sex, age and location. Boys and girls from remote areas are less confident than their peers studying in urban and rural locations (Figure 9). Furthermore, older girls experience far lower confidence levels with 93 per cent of girls in remote areas feeling confident at the age of eight, dropping to only 41 per cent once they reach the age of 18.

⁹ Based on structural assessments, schools have been labelled by authorities with child-friendly colour sticks to indicate whether the building is safe (green) or unsafe (red). Children were thus asked to describe the building where they are attending classes in terms of safety levels as well as structure.

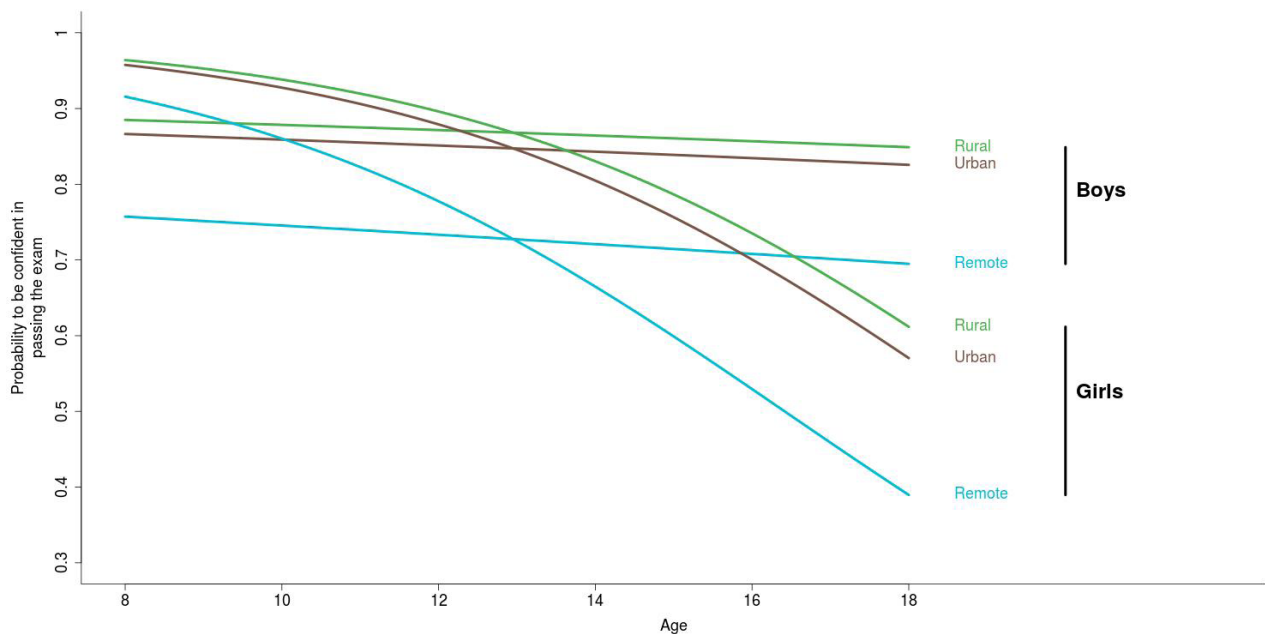


Figure 6: Probability of being confident in passing the exam: breakdown by rurality and remoteness. Colours indicate remote (blue), rural (green) and urban (brown) areas.

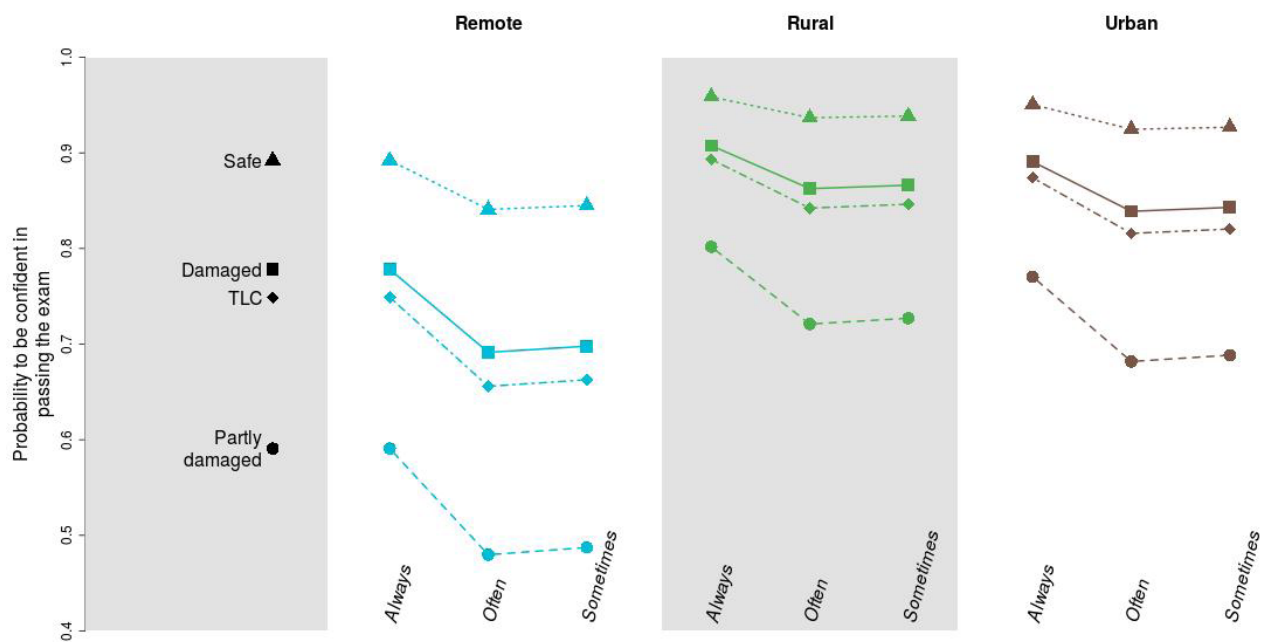


Figure 7: Probability of being confident in passing the exam. Point character type indicates the category of school where children are attending classes (safe school, damaged school, partly damaged school and TLC). A curve represents the probability according to the attendance of the teacher.

The results show that children's confidence in passing their exams relates most directly to the learning environment – more so than the levels of teachers' absenteeism, which had been a concern immediately after the earthquake. Figure 10 shows the likelihood of feeling confident towards passing the school leaving exam according to the state of school (safe – green; partly damaged – yellow; unsafe – red; and TLC – blue) and according to teachers' attendance (always, often, sometimes). Although the degree of confidence towards passing the exam decreases with poor attendance of the teacher, this confidence is primarily influenced by the quality of the school's building. Children studying in safe schools feel much more confident about passing their examinations than children studying in temporary, damaged or partly damaged learning environments.

Many children also highlighted poor learning environments as a result of a lack of books, desks, benches, white-boards, computers and science labs, overcrowded classrooms (25 per cent children complained of overcrowded classes), lack of space, and an inability to study at home. While some children referred to abuse by teachers, 95 per cent of children reported they have good interactions with them.

“Most of our friends come to school just to register in the class attendance but they don’t take any classes. They go back to do their household chores.”

(Boy 13-18, Gatlang, Rasuwa)

“The road to the school is not safe as we have to go through the jungle and there is a high chance that we may encounter a tiger, bear or deer.”

(Boy 8-12, Pathleket, Kavre)

I don’t feel like coming to school because it is not fun to attend classes. Classrooms are made of tin and two classes run at the same time in a single room with the plastic partition. It is noisy all the time.”

(Girl 8-12, Gatlang, Rasuwa)

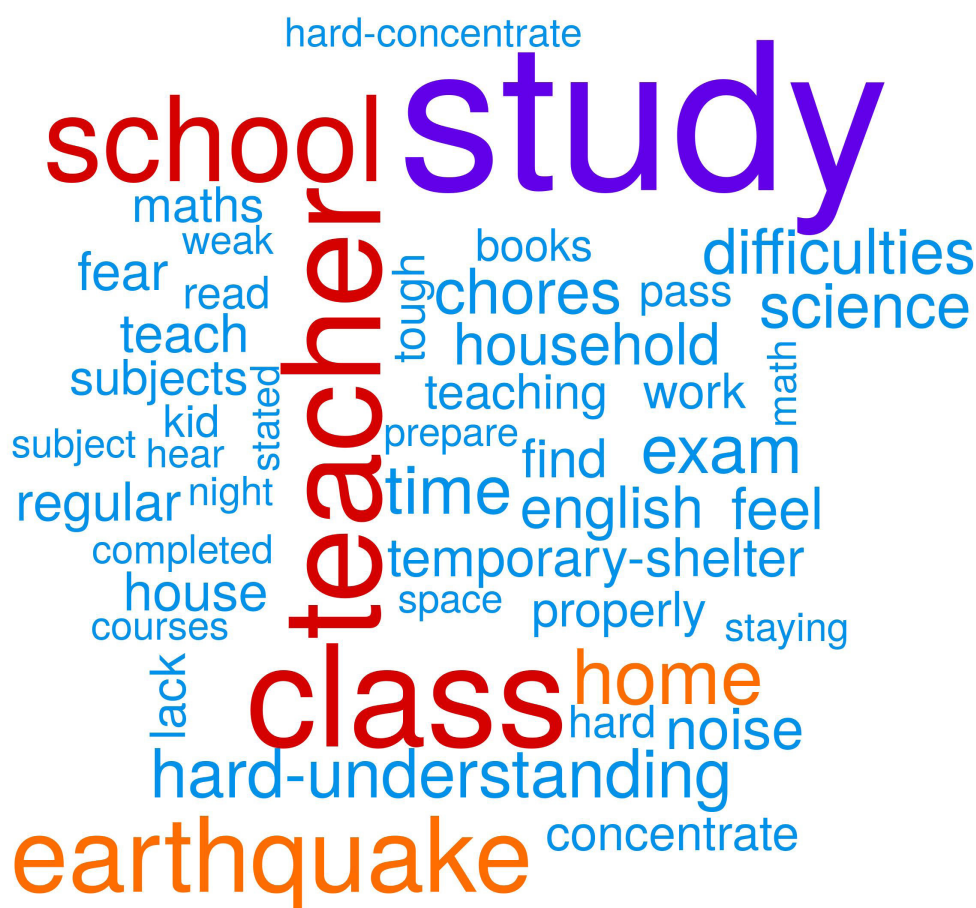


Figure 8: Wordcloud from children highlights the main reasons that children attributed to low confidence in passing their examinations.

The majority of children (57 per cent) also reported studying in schools that lack access to toilets on site. Among the eight per cent of children who attend a school where the toilet is shared between girls and boys, only 49 per cent have access to hand washing facilities. Adolescent girls reported feeling unhappy because they had nowhere private to change during menstruation. Children also

reported feeling uncomfortable about having to hold back the need to defecate and are disgusted by open defecation, this having repercussions on their school attendance.

The lack of toilets in school depends on the area, categories of school, gender and age group (Figure 12). Children in remote areas have a higher probability of accessing a toilet at school compared to those in rural and urban areas. In rural areas the probability ranges from 17 per cent in damaged school buildings for younger boys to 54 per cent for young girls in TLCs. Generally, boys have lower access to toilets than girls; students in partly damaged schools and younger boys have lower access to toilets irrespective of area.

Children's priorities for recovery

The emergency response fitted children's immediate desire to return to school, by building 3,567 temporary learning centres. However, children are still worried about attending class in non-earthquake-resistant schools; more than 60 per cent expressed this as a top concern. Among other needs children expressed as high priority are: playgrounds for sport and entertainment, with equipment such as volleyball nets, space and time to play football, and time to learn music and dance.

Priorities as identified by children on education:	Percentage of children
We want a small, earthquake-resistant school building	62
We want sport and entertainment at school	56
We want a dustbin and proper waste management in school	45
We want a safe road and easy access to school	36
We want safe drinking water in school	31
We want toilets in school	27

Children also expressed their desire for clean schools either with proper waste management or toilets. Around 30 per cent of children have difficulties accessing their school due to lengthy travel time (sometimes more than two hours walking). This is increasing safety concerns on their way to schools; the majority fear landslides or even an earthquake might occur on the way.

Conclusions

The poor quality of learning environments is impacting on the ability of children to learn effectively. During the previous consultation, older girls and boys had been particularly worried they were falling behind in their studies and that they would not be able to make this up in time to take their exams. This remains a challenge.

The results also highlight significant weaknesses in terms of monitoring school safety, as well as the need to provide specific interventions targeting girls at lower-secondary and secondary education. As families have experienced increased workloads to meet their daily needs, children are engaged in more household work, including collecting water from remote places as a result of their water sources being destroyed or drying up. Boys and girls also expressed concerns over the distance required to reach the school (the walk to school for some children is up to two hours) and a fear of landslides. The lack of toilets and hand washing facilities in schools impacts children's health and well-being, and can lead to school drop-out, especially among adolescent girls.

Long term funding is required to facilitate safer rehabilitation and rebuilding of damaged and destroyed schools, and significant investment is needed to ensure that reconstruction is safe and fosters resilience against future disasters. At the same time, greater investment is needed to improve the quality of learning environments and to enhance the capacity of teachers to support children to learn effectively.

Snapshot of the response: Education

During an interview for this research, a representative from the Department of Education (DoE) highlighted a number of initiatives undertaken to provide education for children after the earthquakes. A total of 3,576 TLCs have been established, enabling children to resume classes in the 14 most affected districts. Furthermore, 15,644 teachers have been trained as trainer of trainers to support traumatised students. The DoE is establishing a Program Implementation Unit to start reconstruction of 1,000 school buildings in 14 districts with Development Partners. The department has also signed agreements with 88 I/NGOs or partners to construct 652 school buildings and planned to rebuild the remaining schools within three years. In the meantime, existing TLCs will be enhanced for monsoon and winter and converted into more semi-permanent structures. The government plans to relocate schools where land is unfit for reconstruction, and to provide scholarships to children of the teachers who lost their lives during the earthquake.



HEALTH CARE AND HYGIENE

Context

Of the 446 health facilities located in the 14 earthquake affected districts, 84 per cent (375) were damaged. Around four million people still require support to access safe water. According to the PDNA report, out of a total of 11,288 water supply systems, 1,570 were damaged and 3,663 partially damaged in the 14 most affected districts. This is likely to undermine the recent progress Nepal has made in regards to maternal and children health, which decreased by 73 per cent and 67 per cent between 1990 and 2014, respectively.¹⁰

The impacts of the earthquakes were compounded by five-month long restrictions on the movement of essential supplies across the border with India and within Nepal. The restrictions, which started in September 2015, followed protests against provisions contained within the newly promulgated constitution. This has had an impact on the humanitarian report in health, as in other sectors, due to disruption to production, and distribution of medicine and other essential medical supplies. Quality of care decreased accordingly; acute shortages of fuel hampered transportation and the cold chain of essential vaccines and drugs, putting disease control and eradication efforts at risk, especially in remote and hard to reach areas. Existing health facilities are still not sufficiently equipped to provide adequate services, forcing people to go to district headquarters for simple treatments and medicine.¹¹

Epidemics have been a major health concern in Nepal for decades. Disease transmission routes are related to contaminated water and food, contact between people and other types of vectors. After the earthquakes, therefore, children had expressed the desire not only to see a restoration to pre-earthquake levels of healthcare but for improved facilities. Some had specifically referred to the need for counselling and other forms of psychosocial support to assist those who were suffering from stress and depression as a result of the earthquakes. In the previous consultation, children had noted a rise in health problems. Some had spoken about diarrhoea, vomiting and other stomach problems which they had attributed to changes in their regular diet, eating stale or poorly prepared food, eating unfamiliar food items contained in relief food packages, lack of safe drinking water and general living conditions.

Snapshot of the response: health care and hygiene

According to an interview with an official from the Department of Health and Population, the six emergency hub hospitals in the Kathmandu Valley were activated immediately after the earthquake. They provided medical services to the injured from the valley and to the injured from surrounding districts. Hospitals, following instructions from the Government of Nepal, provided free treatment to the injured. Free services were immediately extended into the 14 affected districts through the establishment of temporary health posts or mobile health camps.

10 UN Inter-agency Group for Child Mortality Estimation "Levels and Trends in Child Mortality," New York, 2014 and "Nepal Multiple Indicator Cluster Survey 2014 Key Findings"

11 Key Informants from DHO in Gorkha and Kavre districts

An agreement with more than 50 organisations was made to socially mobilise and motivate grassroots community health workers to support community members through the primary health care system. Lactating women were also provided with health check-ups and information on health and child care issues. In Gorkha district, for example, temporary health centres and birthing centres were established. The birthing centres were winterised so that mothers and babies were kept warm. Mass screening on malnourishment was undertaken for children (6-59 months) and treatment and micronutrient powder was provided to children at risk to improve children's diets and prevent nutritional deficiencies. Children under five years of age were also provided with life-saving services to control outbreaks of diarrhoea, mothers and new born babies were provided with essential and emergency care, including vaccinations.

Findings from the children's consultation

Thirty per cent of children reported challenges in gaining access to medicine. Children living in urban areas have greater access to medicines when compared with children in rural and remote areas (Figure 13). Access to health care is still a pressing problem, especially in remote areas. For example, 27 per cent of children report suffering more from diarrhoea than before (Figure 13 - left), while 32 per cent suffer more respiratory problems than before the earthquake. Respiratory problems have reportedly increased more in rural areas, with over 45 per cent of children affected by this problem stating that they have suffered more since the earthquake (Figure 13 – right).

Children, particularly those in higher-altitude areas, reported having difficulties coping during the winter months, often without sufficiently warm clothes or enough blankets. Whatever their age, gender and caste/ethnicity, 67 per cent of children reported feeling uncomfortable or endangered because of cold. This increased to 74 per cent in more remote areas, where there are also greater challenges in accessing medicine.

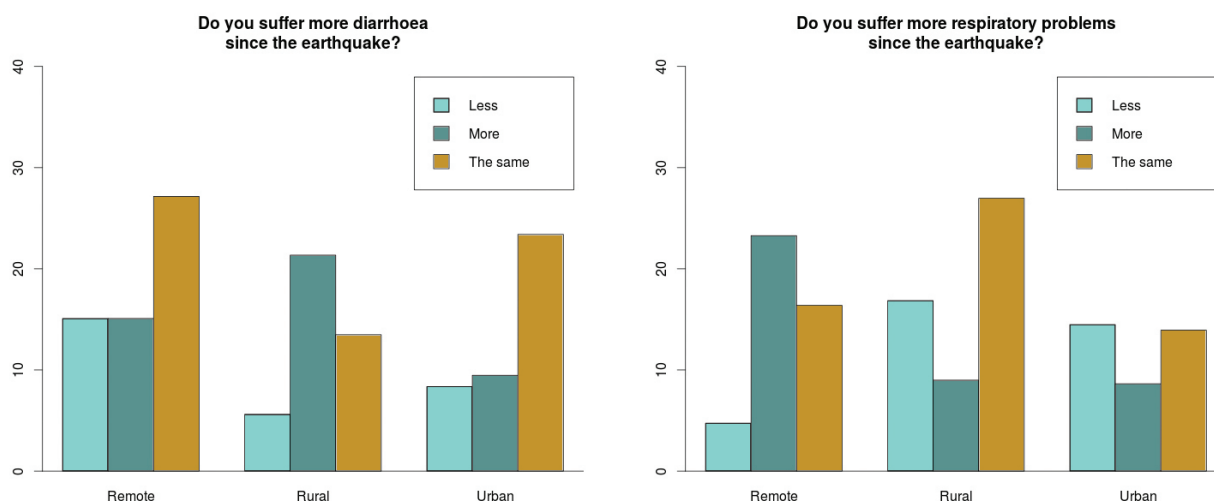


Figure 9: Proportion of children who suffer more or less diarrhoea (left) and respiratory problems (right) in remote, rural and urban areas.

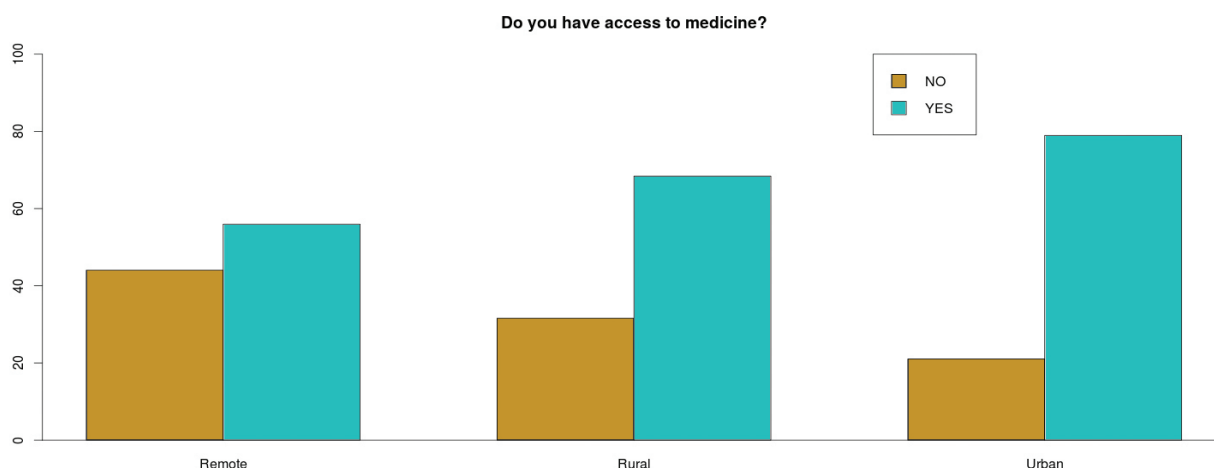


Figure 10: Proportion of children who get access to medicine.

Children get access to medicine mainly through health-posts and hospitals. A lower proportion of children, about 10 per cent, rely on traditional healers and medical clinics for medicine (Figure 14).

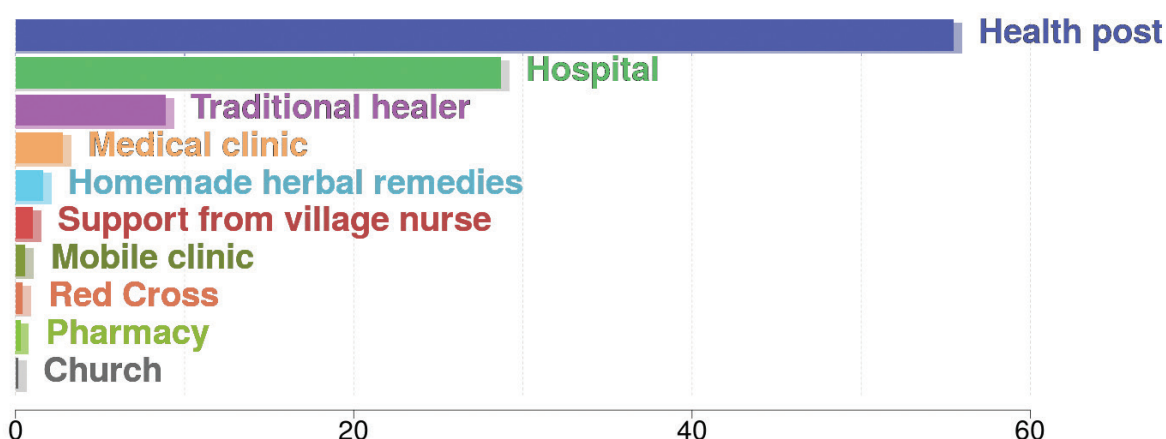


Figure 11: Proportion of health structures/services used by children to get access to medicine

"We have to walk for hours to another village or sometimes to the district headquarters to get medicine."

(Boy 13-18, Gatlang, Rasuwa)

"Hospitals and health posts have been destroyed due to the earthquake."

(Girl 13-18, Bhimeshwor, Dolakha)

Children's priorities for recovery

About 38 per cent of children expressed the desire to have safe access to health centre (hospitals, health posts) and almost the same proportion of children (34 per cent) expressed the desire to

have easy access to hospitals and health posts. Finally, more than 17 per cent prioritised access to medicine.

Priorities as identified by children on health:	Percentage of children
We want safe hospitals in the village	38
We want easy access to hospitals	34
We want medicines to be easily available	17
We want there to be ambulances to transport people to hospital	8
We want an end to viral diseases, diarrhoea, and vomiting	3

Conclusions

One year on from the earthquakes and children are still concerned with their health, their priorities roughly the same as expressed during the previous consultation. While the majority of health facilities have now been temporarily re-established, permanent reconstruction is likely to take some time. The focus must not only be on physical reconstruction, but significant investment needs to be made in strengthening the health system, including through re-building health facilities, investing in health workers, and increasing the number of health and nutrition services that are available, accessible and suitable for children and adolescent girls.



Students get cleaned up at Shree Mahakali Primary School in Bhumisthan VDC of Dhading district. Save the Children has set up two temporary learning centers (TLC) in the school.

WATER AND SANITATION

Context

In recent years, a government-led “Open Defecation Free” (ODF) campaign has led to an increase in the use of latrines. There had been a marked shift away from open defecation and many VDCs (including in earthquake-affected areas) were declared “ODF.” The earthquakes, however, caused major damage to water supplies and the sanitation system, affecting 1.8 million people. Approximately 220,000 toilets were partially or totally damaged in the 14 earthquake affected districts.

However, people in severely affected districts continue to be exposed to the threat of waterborne diseases, and their well-being and security is at risk. For example, women and adolescent girls are forced to wait until late at night to defecate, in the hope of avoiding violence and harassment. In addition, participants in this research reported an increase in the burden of domestic chores as a result of disruptions to water supplies. Children, especially young females, are more frequently required to help their mothers to carry water, and subsequently have less time for school.

In the previous consultation, access to safe drinking water and toilet facilities had been the major concerns of children. Children had noted that their water supplies were contaminated and that they were compelled to drink unsafe water, as well as not having enough water to bathe or shower. Both girls and boys had expressed unhappiness and disgust that they and their communities had to defecate in the open. They highlighted concerns and anxiety around the potential health risks of open defecation as well as lack of access to safe drinking water.

Findings from the children's consultation

Most children consulted now report having access to water points and soap for hand washing (88 per cent) as well as toilets (93 per cent). Boys and girls have the same likelihood of accessing toilets and facilities for washing their hands, whatever caste/ethnicity groups s/he belongs to.

Children's priorities for recovery

Today, children still express the desire to have toilets in communal areas or at home, whether they live in urban, rural or remote areas. Compared to the previous consultation, children now feel much more concerned with the pollution of their environment.

Priorities as identified by children on sanitation:	Percentage of children
We want a pollution-free environment	76
We want there to be toilets in each house	55
We want there to be public toilets in our community	40

Conclusions

The findings suggest that, among the communities in which the consultation was undertaken, the emergency response seems to have been effective at addressing children's concerns from the previous consultation, with 80 per cent of children reported to have access to sanitation facilities. Nevertheless, a significant proportion of children suffer more diarrhoea than before the disaster (see section D.3) which indicates the need for increasing efforts to ensure access to safe drinking water and sanitation. Deficient sanitation facilities put children at risk of health problems, along with increasing the risk of abuse and harassment if practising open defecation.

A major challenge remains, however, in ensuring access to water and sanitation facilities in school. Water, sanitation and hygiene interventions should be cross-cutting and integrated into other sectors, including shelter and education, with increased efforts to reach more remote VDCs.



FOOD SECURITY AND LIVELIHOODS

Context

A month after the earthquakes, children had been worried about the availability of food. Some children had reported not having enough food. Others had complained about the quality of their food, lacking vegetables and other fresh ingredients. On average, 15 per cent of children had suffered from food deprivation and many children had complained about the quality of their food. Food stocks, livestock, grain and seeds for planting the next year's harvest had been buried under the rubble, and paddy fields had been destroyed.

The destruction of houses, sheds and physical assets has had severe repercussions on the livelihood of women and men who generate their income through agriculture or home-based income generation. This has impacted on the economy of thousands of households. This has also had a severe impact on the income of people, meaning they have less purchasing capacity to buy daily necessities such as food and medicines. The economic impact of the earthquakes was greater in remote and rural areas and low income communities. According to participants in this research, children are forced to work to earn income and youth are migrating within and outside of the country to find employment. This has increased the workload of women and children left in Nepal.

Snapshot of the response: food security and livelihoods

In the first three months of the response, MoFALD developed guidelines on cash for work for earthquake survivors and other vulnerable groups (e.g. female headed households, single women, women with disability, elderly people and indigenous people). At the same time, a number of organisations provided cash transfers of up to NPR 15,000 per household to support their livelihood. In total, around NPR 700 million in cash has been transferred to date.

Findings from the children's consultation

During the research for this report, children were asked about their food consumption prior to the earthquake and during the post-earthquake period. A common strategy to cope with a decreasing amount of food for households is to reduce the number of meals per day. This was assessed by asking children if they used to miss meals regularly before the earthquake and if they regularly miss meals now. A second common coping mechanism is to reduce the quantity of food per meal. Children were thus asked to compare the quantity of food they had before the earthquake to the quantity they have now.

The proportion of children regularly missing a meal increased from 11 per cent before the earthquake, to 17 per cent now. This was higher in rural areas, with 21 per cent of children reporting that they eat less frequently, compared with 16 per cent in remote areas and less than 10 per cent in urban areas (Figure 16 – A).

Reductions in the frequency of meals appear more common than reduction in the quantity of food consumed. Only 5 per cent of children reported that the quantity of food is not enough, while 19 per cent reported having a greater quantity of food per meal after the earthquake, (Figure 16 – B). The proportion of children having less quantities of food is higher in rural areas. That proportion drops from 15 per cent to 11 per cent for children in urban areas, and to 6.5 per cent for children in remote areas.

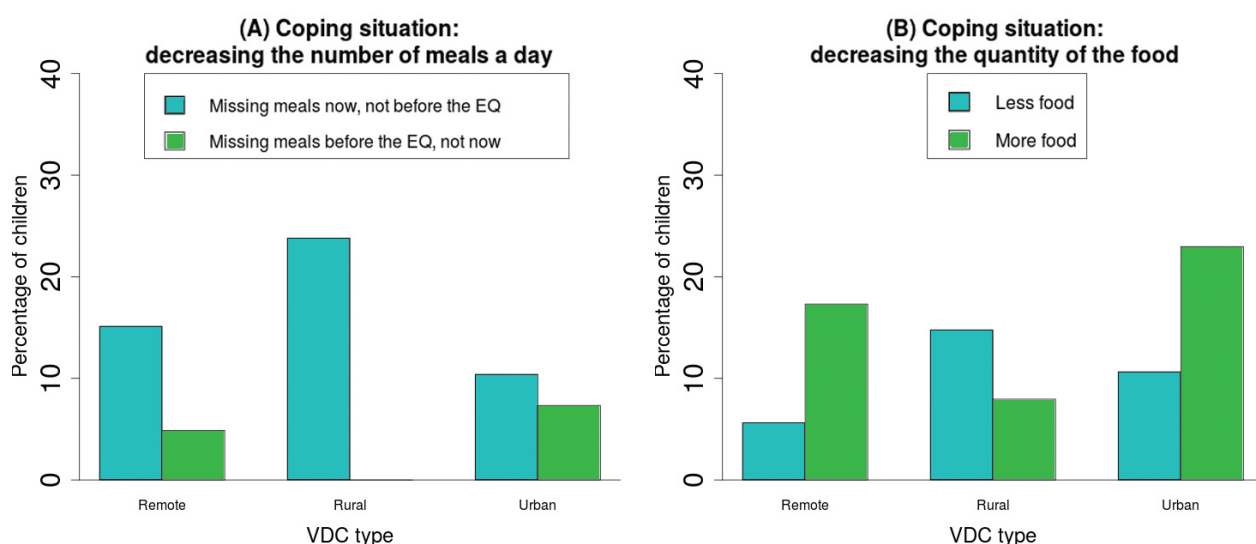


Figure 12: Percentage of children having fewer meals per day since the earthquake (Coping strategy 1 - A), and a lower quantity of food (Coping strategy 2 - B)

Children's priorities for recovery

Priorities as identified by children on food security and livelihood:	Percentage of children
We want to have more vegetables and fresh fruits	38
We need increased agricultural production in the community	29
We want sufficient food items	17
We want to have nutritious food	16

One year after the earthquakes, children's priorities remain similar to those raised during the previous consultation. During this consultation, children gave their highest priority to the quality of their food: 38 per cent of children want more fruit and vegetables in their meals; 29 per cent expressed a need for increased agricultural production; 17 per cent prioritised sufficient amounts of food, while 16 per cent wanted more nutritious food.

Conclusions

The response to the earthquake was fast and authorities/agencies provided strong support to the victims. However, the earthquake deeply impacted the agricultural sector in a country which relies strongly on subsistence farming. Farmers lost lands and materials and a substantial workforce shifted toward the reconstruction effort, impacting supply and demand. Children were concerned about the price and the difficulty to purchase foods given shops and markets have not totally re-opened. In 2015, the prices of basic food items such as lentils, pulses and cooking oil increased by more than 50 per cent, on average.¹² In remote areas, the price of food commodities has increased even further, doubling in some cases.

Food security and the restoration of livelihoods is important, not only to maintain adequate nutrition, but it can also prevent children from being exposed other risks such as child labour and dropping out of school. As a result, food security and livelihood programming, including cash programming, should be a priority for the reconstruction, with a focus on poor and marginalised households.

¹² World Food Programme, 11 December 2015, Nepal: Extreme Hardship Expected To Worsen As Food Prices Soar, <https://www.wfp.org/news/news-release/nepal-extreme-hardship-expected-worsen-food-prices-soar>

CHILD PROTECTION

Context

When children were consulted immediately after the earthquake, the most prominent impacts on their well-being and protection had been:

- Grief and sadness at deaths of family members, friends and acquaintances
- Strong feelings of loss, fear and other psychosocial impacts of the damage and destruction
- Concerns about increased risks of abuse and exploitation.

Children, mainly girls, had reported feeling more vulnerable, citing concerns about abuse and exploitation. There had also been a general perception amongst children of increased vulnerability to sexual abuse, harassment and trafficking.

After the earthquakes, protection needs remain particularly acute, especially for displaced populations. Boys are at particular risk of migrating (accompanied and unaccompanied) for labour, including hazardous forms of labour. Girls remain vulnerable to trafficking, sexual violence and child, early and forced marriage. Families who have lost their homes may need to migrate to resume their livelihoods, putting children at further risk.

In addition, the earthquakes orphaned many children,¹³ often forcing them onto the streets or into shelters run by un-registered organisations or individuals. This, in turn, makes them more susceptible to violence and abuse.

Stakeholders interviewed for this study reported relatively high levels of child labour, migration and trafficking of children after the earthquake, particularly in high risk districts such as Kavre, Sindhupalchowk and Dolakha. Official records also show an increase in the number of interceptions of possible trafficking cases.

"In our society, I have seen that children are being physically tortured by their fathers who usually come home drunk. Children are not getting to enjoy their rights and to engage in extracurricular activities and if by chance, a child participates then he/she is accused and beaten and his/her rights exploited. They are compelled to stay in one corner of the house without getting proper treatment if they fall seriously sick. Many innocent children are trafficked and they are facing sexual abuse. They do not have alternatives to this situation except tolerating this and crying. They are not able to talk about the different kinds of physical and mental torture and domestic violence that they are facing to the organisations because they are told to keep their mouth shut."

(Girls 8-12, Bhimeshwor, Dolakha)

These findings correspond to the feedback from children, of which a significant proportion (6 per cent) report having experienced physical violence since the earthquakes. Children, regardless of age or gender, reported witnessing drunk people fighting, or family and community members shouting at and beating children.

13 According to statistics from the Central Child Welfare Board, in the 14 most-affected districts, 125 children were double-orphaned, and 1,235 lost at least one parent as a result of the disaster.

Mental health and psychosocial¹⁴ problems commonly arise in humanitarian settings, including armed conflicts, natural and industrial disasters. The Nepal earthquakes were no different. A strong sense of general loss was expressed during the first consultation, among almost all the children. The loss of homes, animals, belongings, schools, trees and nature, communities and, more generally, life as they knew it, were of major concern for children. Feelings of sadness and insecurity resulted from the destruction of cultural heritage sites which include temples, monuments and historic buildings. Temples, stupas and monasteries would have been visited by many children on a daily basis on their way to school, at festivals and on other occasions.

Snapshot of the response: child protection

Specific short-term measures were put in place by the government two days after the earthquake to protect children from trafficking:

- No new children homes could be registered;
- Child adoption was halted for a period of three months;
- Prevention of relocation of children without legal documents and approval of CCWB.

In addition, the MoWCSW increased efforts to strengthen the child protection system by enhancing the capacity of the CCWB to monitor the situation of vulnerable children. During this period, CCWB reported 113 unaccompanied children were identified and reunited with their families/caregivers or placed in alternative care, while 266 separated children were reunified with their families. Anti-trafficking networks were also established by the Nepal police force to reinforce monitoring for trafficking at border and strategic locations. By mid-April 2016, figures obtained from the Nepal police show that 1,851 people intercepted from trafficking. Out of which, 316 were boys, 369 girls, 617 women, and 170 men. Nevertheless, interviews with Women and Child Development Officers and members of District Child Welfare Boards have highlighted challenges due to budget and human resource constraints, which are hindering their ability to effectively monitor child protection risks.

Efforts have also been expended with regards to psychosocial support. The government, local NGOs, citizens and donor agencies acted to alleviate the psychosocial impact on the earthquake through the provision of psychological first aid, counselling and training, including to teachers, as well as through public radio programs and the establishment of support hotlines.

Findings from the children's consultation

A significant proportion of children were expressing several kinds of fear and anxiety related to child labour, trafficking and abuses. Violence and exploitation of children was a major concern, with 8 per cent of children reporting knowledge of instances of trafficking: six in Dolakha; 14 in Gorkha; nine in Kavre and; 21 in Rasuwa. Testimonies of trafficking were often indirect, making it hard to discriminate between reality and rumours, although some children directly reported experiencing cases of kidnapping and trafficking. In addition, 3.6 per cent of children talked about cases of child labour; 3 per cent reported instances of sexual abuse to children, with the same proportion mentioning child marriage; and 1.2 per cent of children reported cases of kidnapping.

¹⁴ The term psychosocial merges both psychological process and social process into a unique framework which considers the added-value of inter-connecting both fields to handle mental health problems in post-disaster contexts. Mental health and psychosocial problems in emergencies do not only consider the experience of Post-Traumatic Syndromes but includes the aftermath of a traumatic event embedded into the emergency response and recovery period. Mental health and psychosocial problems can take hold in pre-existing social problems (discrimination, marginalisation), psychological problems (depression, substance abuse), or be induced by emergency itself (disaggregation of social networks, community structures, abuses, lack of privacy, overcrowding, anxiety and depression). Please see: Health Actors Know? IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings. (2010). Mental Health and Psychosocial Support in Humanitarian Emergencies: What Should Humanitarian Geneva

"My brother was kidnapped but he was found after two days."
(Girl, 13-18 - Gorkha Municipality)

Data collected from the body mapping exercise shows that only 13 per cent of children did not refer to issues of violence and abuse. Furthermore, a total of 30 per cent of children explicitly reported negative feelings (fear, anger, or sadness), in contrast to only 18 per cent who directly mentioned positive feelings. Children from remote and rural places reported difficulties with carrying water and materials 13 per cent more frequently than children living in urban locations (Figure 17). More specifically, those from remote/rural places mentioned fear, injuries and trafficking more often than children from urban areas, while the latter were more concerned with earthquakes, death and child marriage. Overall, positive feelings and ideas were expressed in both groups, and children from remote/rural places expressed happiness and wellbeing significantly more often than children from urban areas. For further information on this approach, see Annex 1.3.

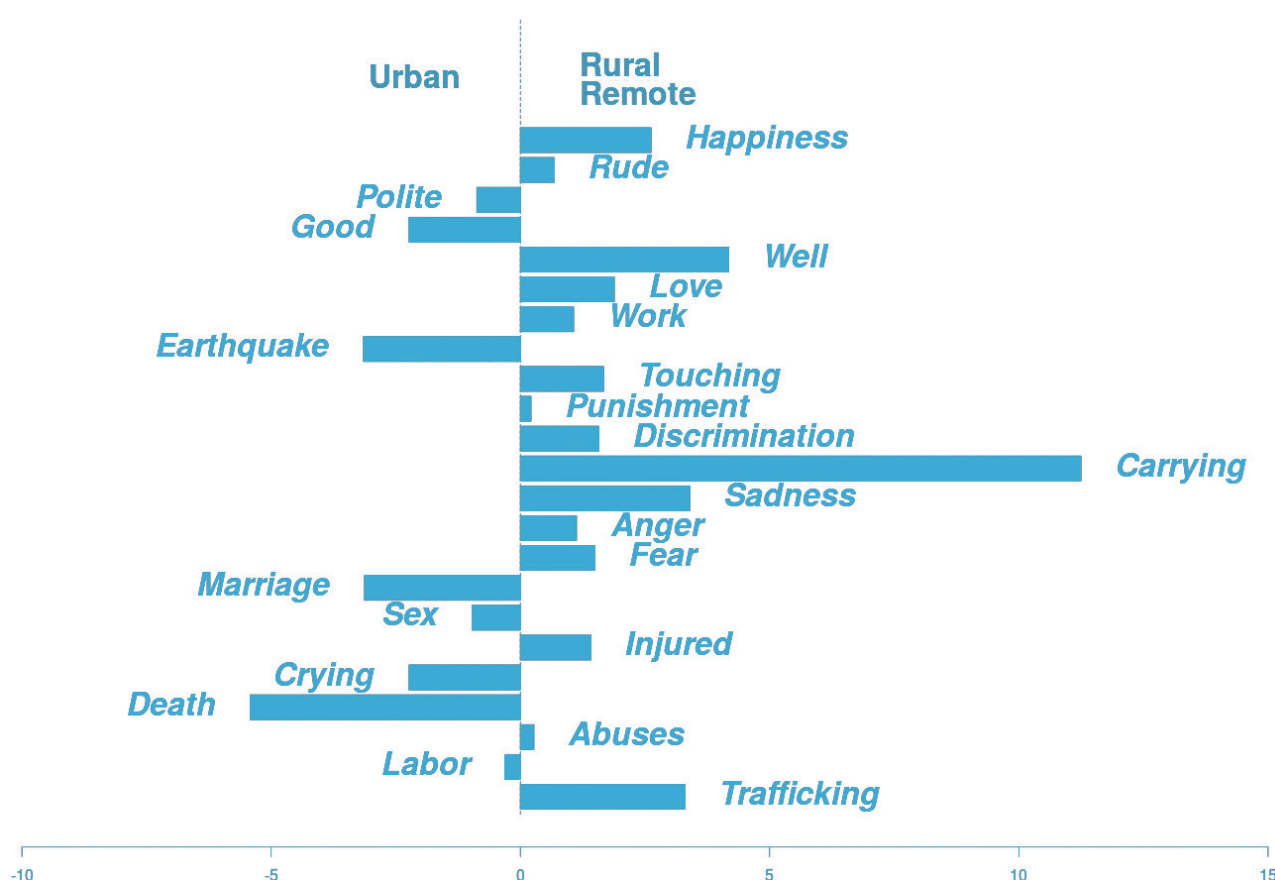


Figure 13: Different frequency of word occurrence used by children, disaggregated by location: urban areas on the left, and rural/remote areas on the right.

A significant proportion of children (9.5 per cent) continue to talk about their memories of witnessing injuries or death, and the long-term fear associated with earthquakes remains pervasive.¹⁵ We found that 50 per cent of children report that they overreact to loud noises, and that 23 per cent of children are unable to sleep well at night because they are scared of another earthquake.

- 50 per cent overreact to loud noise.
- 23 per cent have bad sleep at night.

These levels do not substantially change based on ethnicity/caste or gender. However, the

¹⁵ In order to assess this, we asked two simple questions, related to their sleep at night due to fear of another earthquake and to their reaction to loud noise. These questions were designed as reasonable proxies to evaluate the level of children's trauma.

(Girl 8-12 – Dhunche, Rasuwa)

“We feel scared even while dreaming. Also, we get scared hearing the sound of vehicles.”

(Boy 8-12 – Salmechakal, Kavre)

“We feel afraid even if the planks shake. We feel afraid even when we stand as it feels like an earthquake is coming.”

(Girl 8-12 – Sangachok, Sindhupalchowk)

Children's priorities for recovery

Priorities as identified by children on protection:	Percentage of children
We want police posts in every village	18
We want children to be free from abuse	11
We want to be treated equally in school	9
We want families and teachers to love their children and students	7

Children's priorities are exactly the same as they were during the previous consultation, showing that limited efforts have been made to successfully address them.

Conclusions

Child labour and increasing vulnerability to trafficking and sexual abuse were raised during the previous consultation, although not to a significant degree. During this consultation, a total of 59 children reported instances of trafficking and kidnapping, as well as more frequent references to the long-term psychosocial impact of the earthquakes.

While the government put in place measures to identify and prevent trafficking risks, and to a good degree of success in many cases, it is clear that a weak child protection system, particularly at the community level, continues to exist. This is especially apparent during times of emergency, and the recovery must also consider ways in which to address this. In particular, the national child protection system and local child protection mechanisms and structures should be disaster risk-informed, with clear policy guidance with adequate resources should set out clear roles and mandates for different actors in the child protection system at the national and sub-national level in times of emergency, enabling them to function and respond better in future.

DISASTER PREPAREDNESS

Context

Nepal is one of the most disaster prone countries in the world, ranking 11th in terms of earthquakes¹⁶; 30th in terms of flood and landslides¹⁷; and 7th in terms of the impact of climate change.¹⁸ In addition to earthquakes, Nepal is exposed to multiple hazards including floods, fires, avalanches, landslides and drought. Whilst there were a number of disaster preparedness initiatives prior to the earthquakes, they were insufficient in scale and quality and many were not appropriate for the magnitude of the earthquakes.

In the previous consultation, almost all children had said they wanted to know more about how to protect themselves in the future earthquakes. Girls and boys had seen schools and teachers as having a critical role to play in ensuring better preparedness, but had also seen it as a much wider project to be integrated into building design, development planning and school curriculum.

Findings from the children's consultation

In this consultation, the majority of children still did not consider that they have received enough information to be prepared in case of another earthquake; indeed, 58 per cent declared to not be well prepared for such an event. Having said this, within each group, children collectively exhibited some good examples of approaches to protecting themselves in future: going to an open-space, to not go inside damaged or cracked buildings, hiding under a desk or a bed, and so on.

Children's priorities for recovery

When facilitators asked what information and knowledge children thought they still lacked, children frequently demanded to have more information about when and why earthquakes occur, and expressed a desire about knowing what to do if an earthquake happened at night.

Conclusions

These discussions highlighted a general feeling of anxiety about preparedness for future earthquakes. Some of the interviewees reported situations in which, during one of the aftershocks, some children died after running back into their school building from playing outside. They did so as they were taught to protect themselves by staying under their desk if an earthquake happens. Similar cases were reported in the previous consultation.

This highlights the need to integrate Disaster Risk Reduction (DRR) into all recovery and reconstruction programs, to ensure Nepal can build greater resilience to shocks and stresses. This will also protect children and communities from future crises, as well as from secondary emergencies such as floods, fires and landslides. DRR information should be accessible to and easily understood by children, and children should be involved and informed in the community/school risk assessment initiatives. It is important, for example, that DRR education and information is incorporated into the curricular, education materials, and training at the national and district levels, including at secondary levels. Furthermore, extra vigilance needs to be given during construction or retrofitting of schools, to ensure that they become safe havens for children.

16 UNDP/BCPR, 2004

17 UNDP/BCPR, 2004

18 Global Climate Risk Index 2014

E. Conclusion and Recommendations

Substantial efforts were made for relief and early recovery from the devastating earthquakes. At the same time, a year after the earthquakes, children continue to face challenges as many of their basic needs are still not fully met, including those which were recommended as priorities during the previous consultation. A relatively high proportion of children reported not having enough food, live in inappropriate shelters, and face difficulties in accessing safe water and sanitation at school. This is not only impacting them now, but will have repercussions for their futures too.

Children consulted were, however, optimistic and motivated to be meaningfully engaged in the recovery. They wanted to be consulted through discussions at the community and local level, in child-clubs, at school, through their parents or by the government and humanitarian organisations. Children often prioritise issues that fit within existing plans and proposals of the government and child rights organisations, such as the construction of safe schools and health posts. However, they also highlighted other issues, from a children's perspective, that adults and decision makers might not have considered. This demonstrates the inherent value and need to consult with children regarding issues that concern them. Children's participation provides opportunities to enrich decision making and priority setting during the recovery phase.

The following recommendations, based on what we have heard from the children, are aimed at ensuring that the recovery and reconstruction of Nepal promotes children's rights, and works both with and for children. The recommendations are drawn from the findings of the consultation with children and duty bearers, as well as our own expertise as children's rights organisation working in Nepal.

Over-arching recommendations

In order to support a safer and resilient recovery and reconstruction, significant investment in capacity building and system strengthening is needed. Increased efforts should be made to accelerate the implementation of the reconstruction in line with funding already available and the recovery framework. Emphasis should be placed on the effective implementation of existing National Plan, law, policies and guidelines that are aimed at promoting children's rights and protecting them from any form of exploitation, neglect, abuse, and violence.

- **The pace of reconstruction needs to be urgently accelerated** so that vulnerable households are able to have adequate shelter, education and healthcare facilities, with a focus on 'building back better' and strengthening resilience. It should be ensured that aid delivery should be **prioritised based on the levels of vulnerability and needs of the affected children and their families in line with humanitarian principles**. Assistance should be provided in a neutral, impartial and independent manner in order to ensure the most vulnerable groups are assisted as a matter of priority.
- **Disaster risk reduction efforts should be integrated into all recovery and reconstruction programs** to build greater resilience to shocks, stresses and future crises. Child-sensitive and socially inclusive district-level disaster preparedness plans must be developed through an inclusive and participatory process, with a focus on ensuring the safety and resilience of families and communities, and ensuring that they are better prepared to cope with disasters. It should be ensured that the opportunities are used during the recovery phase to develop capacities that reduce disaster risk in the short, medium and long term, including through the development of measures such as land use planning, structural standards improvement and the sharing of expertise, knowledge, post-disaster reviews and lessons learned. This should also apply to temporary settlements for any affected communities displaced by the earthquake.

- **Children should be seen as agents of change who have clear priorities for recovery, and their views should be taken into account.** The findings of this report, as well as other consultations undertaken with children by District and local officials, should inform national and local level planning. In addition, it is recommended that the NRA and government line Ministries develop and/or strengthen mechanisms for seeking and acting upon input from children, women, children and vulnerable groups throughout the reconstruction process.

Shelter

Children report living in cramped and uncomfortable conditions, whether in partially damaged or temporary shelters. Now that the emergency relief phase is over, efforts should focus on the construction of permanent houses.

- The **reconstruction of permanent houses needs to be substantially accelerated.** In the meantime, it is essential that families are supported to **upgrade their temporary shelters** to ensure that they offer an adequate, comfortable and safe space that protects children and their families from heavy wind and rain of the coming monsoon.
- Promote equity of assistance by ensuring that the coverage of victim cards is consistent across districts, especially among those households with higher levels of housing damage and those living in more remote communities. Additional efforts are needed to identify vulnerable and deprived households, those without proper legal documents, like the landless people, and individuals that are unable to self-recover and **provide targeted assistance to reconstruct their permanent shelters.** Attention should be paid to ensure that all shelter is accessible to people living with disabilities.

Education

Long term funding is required to facilitate safer rehabilitation and rebuilding of damaged and destroyed schools, and significant investment is needed to ensure that reconstruction is safe and fosters resilience to future disasters. At the same time, greater investment is needed to improve the quality of learning environments and to enhance the capacity of teachers to support children to learn effectively.

- **No child should be in a classroom before it is declared completely safe** by government appointed experts. Adherence to mandatory building inspection requirements is necessary. Participation of parents and community members in monitoring would help ensure children remain safe in school. Measures should be implemented that enable children to move from studying in unsafe to safe learning environments.
- **Reconstructing and retrofitting earthquake resistant schools should be an urgent priority.** The government and donors should promote a coordinated, **standardised approach to school safety** and adopt and implement the internationally agreed Comprehensive School Safety Framework that addresses safe school facilities, school disaster management and risk reduction and resilience in education.
- In the meantime, efforts should be increased to **improve the quality of temporary learning centres.** At a minimum, this will mean ensuring that all TLCs are structurally prepared for the monsoon and winter periods, that efforts are made to reduce noise between classrooms, and that all TLCs provide access to clean water, handwashing facilities, and have **separate toilets for girls and boys.**
- The confidence of adolescent girls in passing their examinations is low. The government and its development partners should consider coordinated and integrated action to support girls, with a focus on providing a safe and supportive environment, both at home, school, and in the community, with **specific measures to increase the participation of girls in school.**
- This report has shown that children are still suffering from the psychosocial impact of the earthquakes, and this could affect their ability to study. The government should ensure that

regular and standardised psychosocial training and support is provided to teachers and children to help in their recovery and address the large psychosocial needs of earthquake-affected children.

Health and water, sanitation and hygiene

While the majority of health facilities have now been temporarily re-established, permanent reconstruction likely to take some time. Pregnant women and lactating mothers, new-borns, adolescent girls and children remain vulnerable. More needs to be done in sustained water and sanitation, especially in remote VDCs.

- Significant investment needs to be made in **strengthening the health system**, including through re-building health facilities, investing in health workers, and increasing the number of health and nutrition services that are available, accessible and suitable for children and adolescent girls.
- Support reconstruction and “build back better” health facilities, as well as cold-chain infrastructure and ensure plans are in place and adequately funded to **integrate psycho-social and mental health services into primary health care** level.
- **Water, sanitation and hygiene interventions should be integrated** into other sectors, including shelter and education, with increased efforts to reach more remote Village Development Committees. For example, girls and boys should have access to separate sanitation facilities in schools.

Child protection

Globally, there is a broad recognition that children face increased risk of neglect, abuse, exploitation and violence after major disasters. This also holds in the case of earthquakes in Nepal. The child protection system remains relatively weak, increasing the risk to children.

- The Government of Nepal and the humanitarian community must ensure that girls and boys are protected from violence, abuse, exploitation and neglect by **strengthening child protection mechanisms** and mainstream child protection and child safeguarding within all recovery and reconstruction programmes. In particular, the national child protection system and local child protection mechanisms and structures should be prepared to respond in future emergencies and have increased awareness and **capacity on psycho-social support**, with adequate resources attached.
- The **NRA** can play an effective coordination role, working with the Ministry of Women, Children and Social Welfare and the Central Child Welfare Board, to **promote the mainstreaming of child protection and child safeguarding** throughout the reconstruction. Whistleblowing policies should be enforced, and action taken to ensure that children are not involved in child labour or other exploitative labour practices as a result of reconstruction efforts.

Food security and livelihoods

All households have lost to varied degrees a combination of loss of their assets or their capacity to gain an income which has dramatic consequences for children to meet their basic rights. Many poor and very poor households will now be facing difficult household expenditure decisions, financed through high-interest loans, which will invariably impact children across thematic sectors.

- **Support the very poor and poor households to access basic food and non-food needs and support them to recover, strengthen and diversify their livelihoods.** International donors and other technical sectors should prioritise the use of cash in their programming wherever possible and appropriate, to increase employment and inject income into the local economies. This could include cash programming in the rehabilitation or construction of infrastructure through cash for work.

F. Annexes

Annex 1: Methodology

ASSESSMENT METHODOLOGY

Children and duty bearers were separately consulted to understand the children's needs and their perception a year on from the earthquake. Focus Group Discussions and key informant interviews were conducted in five severely earthquake-affected districts: Dolakha, Kavre, Gorkha, Rasuwa, and Sindhupalchowk. The districts were selected based on multiple criteria, including location, with care to ensure comparability with the previous consultation. During the research, 335 boys and 345 girls were consulted during 60 focus group discussions (FDGs). Key informant interviews were conducted 22 officials at the district level, and 14 at the national level. A validation event was held in Kathmandu, organised by UNICEF's partner organisation – Changa Foundation. In total, 716 people were consulted as part of this research.

Sampling methods

The research was conducted in five districts: Dolakha, Kavre, Gorkha, Rasuwa, and Sindhupalchowk. These districts were selected based on the following criteria:

- Most severely affected districts as per the Government of Nepal's classification;
- Presence of the agencies in the area to facilitate contact with the children.

While key informant interviews were conducted at the District or Municipality level, FDGs were undertaken in three VDCs per district. The VDCs were selected and categorised in the following way:

- An urban or semi-urban and road accessible VDC;
- A remote VDC, with no road accessibility;
- A rural VDC that is accessible via road;
- At least one of the VDCs in each district should be the same as the previous consultation.

The rationale was to be able to compare (i) different VDCs based on their location and other characteristics (ii) to ensure continuity and enable comparability with results from the previous report.

Focus Group Discussions

Four focus group discussions were conducted in each VDC. FDGs were conducted with four different groups of children, according to sex and age:

- Girls aged 8-12 years (189 girls)
- Boys aged 8-12 years (170 boys)
- Girls aged 13-18 years (156 girls)
- Boys aged 13-18 years (165 boys)

Purposive sampling was used to ensure representation of children according to the socio-economic status and the ethnic and caste composition of the VDC. As a result, the caste and ethnic composition of the 680 children participating in the study was as follows:

Janajati: 56.6 per cent; Chhetri: 19.22 per cent; Dalits: 11.77 per cent; Brahmin: 11.17 per cent; Madhesi/Terai: 1.04 per cent and Muslim: 0.20 per cent.

Choice of key informants

Participants for the Key Informant Interviews (KII) were selected based on their legal profession and their role in the response to the children victims of the earthquake.

National level KIIs

A total of 14 KIIs were conducted at the national level. Participants were purposefully selected, and include interviewees from relevant government Ministries (Ministry of Women, Children and Social Welfare, Ministry of Federal Affairs and Local Development, Ministry of Health and Population), MoWCSW, MoFALD, MoHP) and Departments (DUDBC, DoE), as well as the Central Child Welfare Board (CCWB), the National Human Rights Commission (NHRC), the National Reconstruction Authority (NRA). Interviews were also conducted with donor agencies (UNICEF, DFID, JICA, ADB and EU) and INGOs (Save the Children). Pre developed open ended questions were discussed with the relevant stakeholder, with a focus on assessing the progress made, through specific policies and programmes, at addressing the needs that children raised during the previous consultation.

District KIIs

A total of 22 KIIs were undertaken with district level stakeholders in the five selected districts. The district level stakeholders, purposefully selected, consisted of local bodies: District Development Committee (DDC) and Village Development Committee; line agencies consisting of Women and Child Development Office (WCDO); District Education Office (DEO); District Health Office (DHO); District Water and Sanitation Division (DWSD) and the coordinate committee of Department of Water and Sanitation.

The KIIs focused on the challenges that children are still facing in the post-earthquake period, and the programs implemented in the district/VDC to address them, both now and during the reconstruction phase.

ASSESSMENT TOOLS AND ANALYSIS

Four tools were used for conducting the children consultations: direct questioning; group discussions; body mapping and visioning. All analyses were carried out using the R statistical software.¹⁹

Questionnaire-based tools

Children were engaged at an individual and a group level in discussions based on a pre-defined set of questions. At the individual level, children were asked to respond to direct questions related to different themes and topics. An option to provide alternative answers was provided. At the group level, children discussed specific topics that are more prone to interpretation and/or with multiple potential answers.

In both cases, their responses were recorded at the child-level against a pre-defined set of multiple-choice answers. Age, sex, caste/ethnicity and location were the independent variables used when analysing the data. Caste/Ethnicity were considered as random variables in the model when necessary using the R lme4 package.²⁰ Within sectors, correlations among variables were assessed using multivariate analyses (R packages ade4²¹ and vegan²²).

Drawing-based tools

Body mapping

In the 'Body Mapping' exercise, children were asked to respond to questions by drawing their answers, mapping them against different parts of a human body. The questions asked explored

19 R Core Team (2016). R: A language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria. URL <https://www.R-project.org/>

20 Douglas Bates, Martin Maechler, Ben Bolker, Steve Walker (2015). Fitting Linear Mixed-Effects Models Using lme4. Journal of Statistical Software, 67(1)

21 Dray, S. and Dufour, A.B. and Chessel, D. (2007): The ade4 package-II: Two-table and K-table methods. R News. 7(2): 47-52

22 Jari Oksanen, F. Guillaume Blanchet, Roeland Kindt, Pierre Legendre, Peter R. Minchin, R. B. O'Hara, Gavin L. Simpson, Peter Solymos, M. Henry H. Stevens and Helene Wagner (2016). vegan: Community Ecology Package. R package version 2.3-4.

different senses and emotions that could be felt during a particular context or situation, and mapped against the associated body parts (e.g. shoulders = responsibility, eyes = what you have seen). Data consisted of drawing annotations by children on a different part of a body map. This technique enables the interviewer to capture more sensitive issues and emotions, positive and negative, including those related to child protection issues.



Children with body mapping exercise results during children consultation in Gorkha

Throughout the exercise, most children answered every question, and every child answered at least one. The final data consisted of more than 4,000 sentences and about 50,000 words. For each child we searched for every occurrence of indicative and used network analyses and clustering techniques based on a random walk algorithm (packages igraph, walktrap²³) to profile children according to the subject s/he was concerned about. Both the cluster and the profile were used to draw correlations with variables like age, gender and location to determine if a particular set of issues are more frequently reported according to the different categories of those variables.

Visioning

In the 'Visioning' exercise, children were asked to draw their ideal vision of the future. Each drawing was discussed with the child, so that the enumerators were clear about the idea/perspectives that s/he was expressing. This method is used to collect information on children's perception of their current and future needs, as well as to understand children's priorities for reconstruction.



A boy in Sindhupalchowk was attentively participating in a visioning exercise where children were encouraged to draw their visions of their own communities in the future.

The information was then placed within categories and text mining techniques (R package tm²⁴ and wordcloud²⁵) were used to sort and cluster the different categories of answers and to compute the frequency of each relevant word or expression. Network analysis (R package igraph²⁶) was used to search for frequently associated answers or clusters of children expressing the same set of needs or wishes.

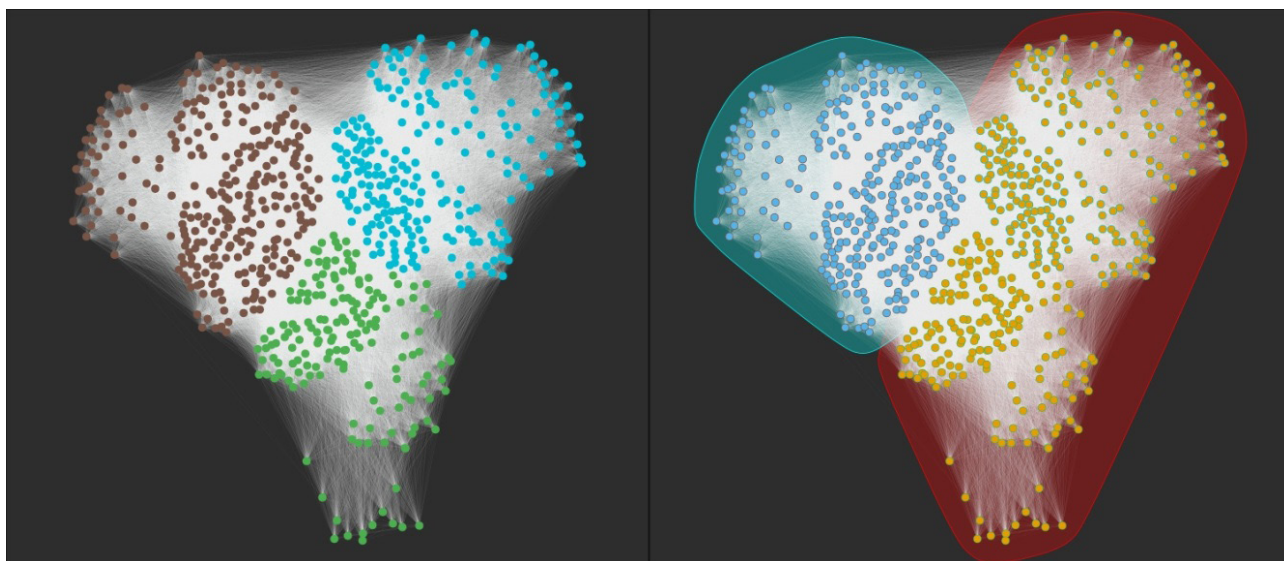
23 Finding algorithm, see Pascal Pons, Matthieu Latapy: Computing communities in large networks using random walks, <http://arxiv.org/abs/physics/0512106>
 24 Ingo Feinerer, Kurt Hornik, and David Meyer (2008). Text Mining Infrastructure in R. Journal of Statistical Software 25(5): 1-54.
 25 Ian Fellows (2014). wordcloud: Word Clouds. R package version 2.5.
 26 Csardi G, Nepusz T: The igraph software package for complex network research, InterJournal, Complex Systems 1695. 2006

Canonical Correlation²⁷ Analysis implemented in the R package ade4 was used to identify and measure the associations among two sets of variables, the first corresponding to the contingency table of children's needs/wishes and the second to the description of age, gender, VDC type and Caste/Ethnicity. These analyses were used to determine whether children's wishes statistically differed among age, gender, urban and non-urban areas and ethnicity.

USING A NETWORK ANALYSIS TO UNDERSTAND CHILDREN'S MAIN CONCERNS ON PROTECTION

We compiled all quotes by children using the body mapping exercise. All words or references to any kind of abuse (trafficking, child labour, violence, child marriage, discrimination, touching, neglect) and feelings (fear, anxiety, anger, sadness, happiness) were categorised, and then examined how much every child has witnessed or suffered from those. By analysing children's sentences and word occurrences using this clustering approach, children can be profiled according to the ideas/feelings/emotions they expressed. Each child expressed a set of ideas, either unique or similar to those of others.

Children expressing the same set of ideas will cluster into a group in network analysis. Thus, when distinct clusters are detectable in a graph, they indicate distinct sets of ideas, which is the case in the following figure (dots represent children). The closer they are, the more similar their answers. Remote: blue; rural: green; and urban: brown. Right: ellipses indicate children who cluster together according to their response. Children from urban area cluster into the blue ellipse, children from remote and rural areas cluster into the red ellipse). Using this approach, children were attributed to a group defined by a set of ideas/feelings they expressed during body mapping. The overall network analysis defined two groups on ideas/feelings/emotions related to protection. Children within each group thereafter were attributed the data related to their age, gender, caste/ethnicity and VDC. The groups defined with ideas/emotions did not correlate with any of the additional data but VDC type: children from remote and rural places clustered together on one side while children from urban areas clustered together on the other side (Figure 17 – left- , remote: blue; rural: green; and urban: brown). Each group of children was characterised by a distinct pattern of expressed ideas and feelings. There were no ideas or feelings unique to a group (remote vs. urban); the differences relied on frequency.



²⁷ Canonical correlation is appropriate in the same situations where multiple regression would be, but where there are multiple inter-correlated outcome variables. Canonical correlation analysis determines a set of canonical variates, orthogonal linear combinations of the variables within each set that best explain the variability both within and between sets.

STRENGTHS AND LIMITATIONS

Strengths

The strengths of questionnaires are multiple. They are practical and allow the collection of large amounts of data from a large number of people in a short period of time and are thus relatively cost effective. They can be carried out by any number of people with limited consequences to its validity and reliability. Data collection was thus carried out by 20 teams working at the same time in the field. Once a variable has been quantified, it can be used to compare and contrast other research and may be used to measure change and progress.

The strength of FGD relies on allowing the participants to agree or disagree with each other. It provides an insight into how a group thinks about an issue, about the range of opinion and ideas, and the variation that exists in a particular community in terms of their experiences and practices. FGD was used here to explore findings that cannot be explained statistically and the range of opinions/ views on a particular topic. FGD enables the process to be managed more smoothly and was thus appropriate to explore children living conditions in the difficult context of the recovery phase. It is also a good method to employ prior to designing questionnaires. In this case, quantitative tools were developed, based on the learning from the previous study which relied totally on FGDs.

The body mapping and visioning tools were adapted to collect information at the child level. This enabled data to be analysed without confounding effect of gender, age and VDC categories. This approach allowed clustering techniques to be used on network analysis to define a-posteriori groups of children expressing the same set of wishes and emotions.

Sample size was enough to guarantee statistical power to make good inferences on age group, VDC categories and gender.

Text mining techniques together with clustering was an effective framework to applied quantitative techniques to qualitative data. Overall, all sectors were covered with quantitative, qualitative tools and child-friendly tools in a limited period of time.

Limitations

Using questionnaires, the respondent may be forgetful or not thinking within the full context of the situation. We paid attention to develop questions that give benchmarks to children to limit this issue.

Testing interactions was sometimes impossible due to limited replicability, especially for caste/ ethnicity groups. This was a concern for binary variables (Yes/No questions). 3,000 children would have been a minimum to ensure enough statistical power to include all variables and to test cross-interactions properly.

Interpretations must ensure that we collected data from children. As an example, we asked children to describe the state of their shelter against a pre-defined list. We were measuring children's knowledge or perception of the shelter. In the field, most FGDs were conducted in schools, meaning that almost all participants were school-going. Children who had dropped-out from schools were therefore under-represented in this study.

We chose not to develop our own child-version of Child Posttraumatic Symptom Scale (CPSS) due to the poor performance of this tool in Focus Group Discussions. Moreover, this tool should have been validated to account for Nepal societal and cultural specificities and two versions at minimum would have been developed and cross-validated for comparison to account for urban and rural contexts in which this research was conducted.

Annex 2: Questionnaire

Key Informants Consultation- National Level

Introduction

- Purpose of the interview (official positioning of the [Ministry] with regards to the response/recovery efforts)
- Background to the current consultation (including FDGs)
- Report will be publically available and the results of the interview will feed into it. Do you have any concern about being quoted?

- 1- What are the key problems that children continue to face **regarding your sector*** as a result of the EQ? *Give examples*
- 2 - What are the policies and programmes that your agency has already taken to respond to the needs of children affected by the EQ?
- 3 - What initiatives have you taken to address the specific needs of marginalised children? *Give examples*
- 4 – What direct actions do you have planned to address the specific needs that children continue to face?
- 5 - What initiatives will you be taking to address the specific needs of marginalised children in the reconstruction phase? *Give examples*
- 6 – What are the key policies that you have or will be developing to guide the recovery and reconstruction efforts? *Give examples*
- 7 – How has your Ministry / agency consulted with children about the issues related to them after the EQ? *Give examples.*
- 8 - If examples given how do you address those issues in your program? *Give examples.*
- 9 – What are the mechanisms (tools, systems, new staff) that you have developed to understand children's needs after the earthquake? Have these been implemented?
- 10 – What was the budget allocated to address children's needs since the EQ? *Please specify.*
- 11 - What will be the priorities in the next budget to address children's needs in the EQ affected districts? *Please specify.*
- 12 - Is there a particular budget allocation for marginalised and excluded children?

Key Informants Consultation District Level

- 1- What are the key problems children continue to face **in your district/VDC** as a result of the earthquake? *Give examples*
- 2 – What are the programs implemented in your district/VDC to address those problems? *Give examples*
- 3 – *What initiatives have you taken to address the specific needs of marginalised children?*
- 4 - What are the direct actions your district/VDC has planned to respond to the needs of children affected by the EQ? *Give examples*
- 5 – What are the key government policies that will be guiding your reconstruction activities in your district/VDC?
- 6 – What initiatives are you taking to address the specific needs of marginalised children in the reconstruction phase?
- 7 – How did you consult with children about the issues related to them after the EQ? *Give examples.*
- 8 - If examples given how did you respond? *Give examples.*
- 9 – What are the mechanisms (tools, systems, new staff, etc) that you have developed and how did you implement them to understand the needs of children affected by the earthquake?
- 10 - What was the budget allocated to address children's needs?
- 11 - What will be the priorities in the next budget to address children's needs?
- 12 – Is there a particular budget allocation for marginalised children?



Plan International

Plan International is an independent child rights and humanitarian organisation committed to children living a life free of poverty, violence and injustice. We actively unite children, communities and other people who share our mission to make positive lasting changes in children's and young people's lives. We support children to gain the skills, knowledge and confidence they need to claim their rights to a fulfilling life, today and in the future. We place a specific focus on girls and women, who are most often left behind. We have been building powerful partnerships for children for more than 75 years, and are now active in more than 70 countries.



Save the Children

Save the Children

Save the Children is the world's leading independent children's rights organisation with members in 30 countries and programs in more than 120 countries. Save the Children fights for children's rights and delivers lasting improvements to children's lives in Nepal and around the world. Save the Children has been working in Nepal since 1976 focusing on programs on child rights governance and protection, education, health and nutrition, livelihood and humanitarian preparedness and response in all 75 districts of the country through four regional offices in Biratnagar, Kathmandu, Butwal, and Nepalgunj.



Terre des hommes

Helping children worldwide. tdh.ch

Terre des hommes

Terre des hommes is the leading Swiss child relief agency. Through health and protection projects, Terre des hommes provides assistance to over two million children and their families in more than thirty countries each year. In Nepal, interventions are focused on strengthening child protection systems in remote and rural areas and protecting children in dangerous and exploitative labour, like commercial sexual exploitation. Since the earthquakes in 2015, the Nepal delegation has also been providing emergency and trauma care to children and their families, and currently supports the rebuilding of the local health system.



UNICEF

UNICEF promotes the rights and wellbeing of every child, in everything we do. Together with our partners, we work in 190 countries and territories to translate that commitment into practical action, focusing special effort on reaching the most vulnerable and excluded children, to the benefit of all children, everywhere. UNICEF has started working in Nepal since 1964. Through its four 'regular' offices in Kathmandu, Biratnagar, Bharatpur and Nepalgunj, and additional five 'emergency site offices' in Gorkha, Nuwakot, Kathmandu, Sindhupalchowk and Dolakha, it supports the Government in ensuring the protection of children's rights in the country, with focussed attention on 15 districts with the highest Child Deprivation Index, and an additional 14 districts most impacted by the earthquakes of 2015.



World Vision International

World Vision is a Christian relief, development and advocacy organization dedicated to working with children, families and communities to overcome poverty and injustice. World Vision first started its development initiatives in Nepal in 1982 by donating funds to local groups for building hospitals and providing health care. In response to the 1988 earthquake, World Vision supported local non-governmental organizations in providing assistance to quake victims. Likewise, in 1993, World Vision helped flood victims through local partners. World Vision formally started its long-term development work in Nepal after signing both general and project agreement with the Social Welfare Council in 2001. World Vision International Nepal (WVIN) continues to work for the wellbeing of children, partnering with communities and the government of Nepal.

Plan International Nepal

Maitri Marga, Bakhundole
Lalitpur, Sub-Metropolitan City, Ward no.3
Kathmandu, Nepal

Save the Children

Airport Gate, Sambhu Marg, Sinamangal
Kathmandu, Nepal

Terre des Hommes Nepal Delegation

Bluebird Complex, Tripureshwor
Kathmandu, NEPAL

United Nations Children's Fund

Nepal Country Office
UN House, Pulchowk
Kathmandu, Nepal

World Vision International Nepal

5th Floor, Karmachari Sanchaya Kosh Building
Lagankhel, Lalitpur, Nepal